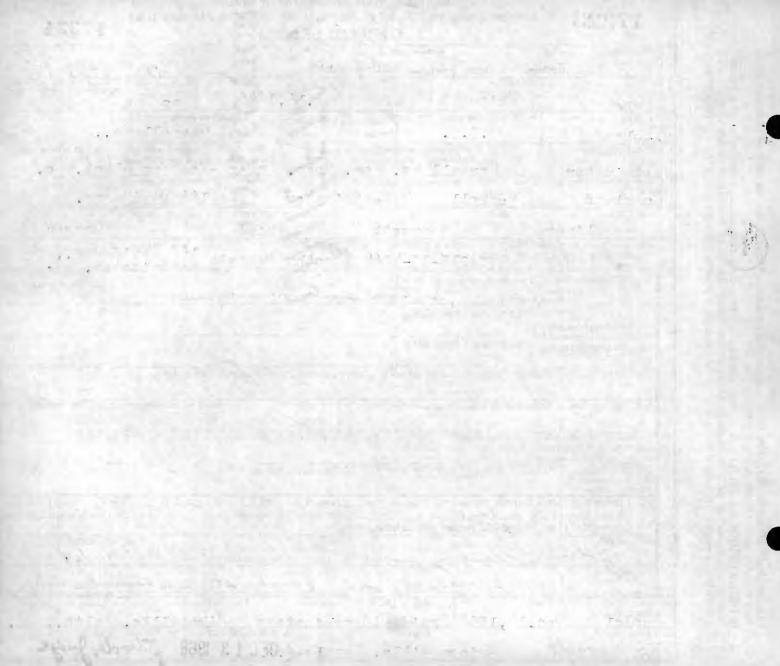
/ 1			* MANAGEM		. 301 W. PRESTON STREET, B	ALTIMORE, MARYLAND 21201	
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De retained by the haspital ar attending physician. WRECTOR: After this certificate has been signed by the attending physician and complete, this in by the unique as should be detached for use as the burial-transit permit. Then please remaye carron pages.	Ė	1. D	CEASED-NAME First	Middle	Lost	20. DATE OF DEATH	2b. HOUR
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7/6		I	laryland	U.S.A.	WIDOWED DIVORCED	Carroll C	
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shauld be tiled With the state Dept. at Health priar ta burial, crematian, ar removal, and in any event		No	Conditions, if any, which gove prise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF OUE TO, OR AS A CONSEQUENCE OF (c) DITIONS CONTRIBUTING TO DEATH BUT N	scloritus (OR CONDITION GIVEN IN PART 1(0)	wool.
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at Heal		MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examina	HOUR A.M. Month Doy Year	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2,	(Item 1B.)
e Dept.		W	While Not while at work		CTORY.) 21f. LOCATION Street or R.F.D		County State
n rne srar			causes stated above,	hospital) attended the deceasive on 12 - 18 (I) (we) (did) (did nat) view the	ed fram_2-25, 1 1962, and that in (my) (our) body after death.	968, ta 12-19, 19 opinion deoth occurred on the d	9 <u>68</u> , that (I) (we) last lote and hour and fram the
			22b. SIGNATURE	(E) Duoj	CLE DEGREE PHYS. 22e. ADDRESS	MED STACE	DATE SIGNED 12-19-68
1 De 1	01/	Y	NAME (Type) Josep	h E. Bush M.D	Hamps	tead, Maryland.	
Shaulc	X		BURIAL, CREMATION, 235. D. REMOVAL (Specify) Dec	.23,1968 Holy		23d. LOCATION (City or Town) Cem. Harrisonvi	
1	5 (4) V. 1/68	24.	F. D. Echlerott	ADDRESS Owings Mill		EC 2 3 1968 Yours	S SIGNATURE

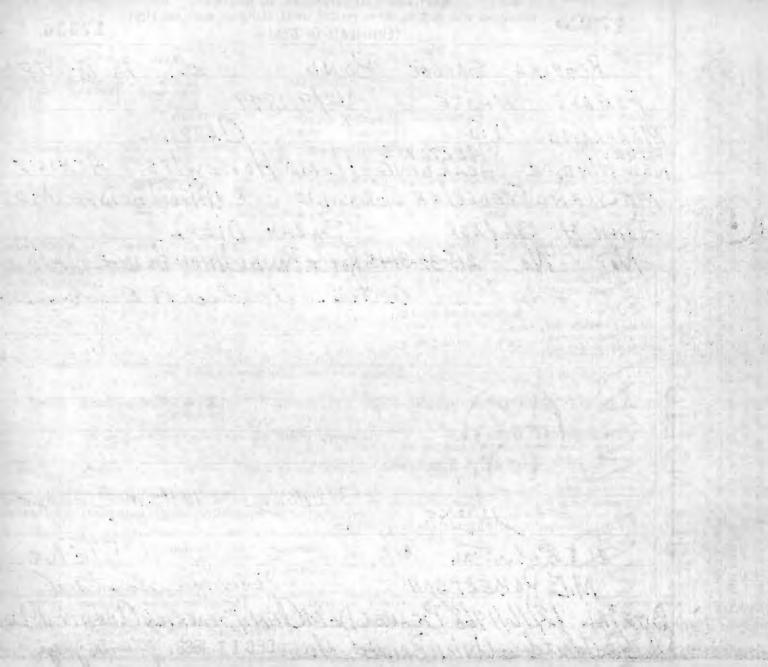
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		AND STATE DEPARTMENT OF		
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EAGO		CERTIFICATE OF DEATH		17336
1. DECEASED-NAME	First Middle	Last	20. DATE OF DEATH	2b. HOUR
(Type or print) Ro	SELLA SAYLOR	BOND	Month Do	Z P SPM
3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (in years	IF UNDER 1 YEAR IF UNDER 24 HRS.
FEMA.	LE WHITE	12/9/187	19 last binthaty) YRS.	MONTHS DAYS HOURS MIN.
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10 TOTAL OF TOWN OF DEAT	H 11 MAINE OF HOSPITAL OF	NETHERTION (If not inshospital 12a. USL	AL OCCUPATION (Kind of work done out of working life, even if retired.)	12b KIND OF BUSINESS OR
NEW WIN	DSOR BOARDI	NIT TOME A	OVSEWIFE	ATHOME
/ O admission STATE	ere deceased lived if institution: Residence before		LIMITS? 13e. STREET AND NUMBER	1.0-11-
MARYAI	FND PREDERICK	- IDMINONIAGE -	- VINION DK	IDGE VID
14. FATHER'S NAME FI	rst / Middle Las	15. MOTHER'S MAIDEN NAME	First Middle	Lost
160. WAS DECEASED EVER I	N U.S. ARMED FORCES? 16b. SOCIAL SECUR	ITY NO. 117 INFORMANT	DIEH L. Naddress	Dunl
Yes, no, er unknown)	(If yes give yer of dates of service) 918-26-	3/48 P.V/- R. (A	/ WINAL KOIN	CE TURAL
10 CAUSE OF BEATH	(Enter only ane cause per line far (a), (b), and	(a)	ANIVIVINE IN	APPROXIMATE INTERVAL
PART I. DEATH V	VAS CAUSED BY:	ante:	ti MA	BETWEEN ONSET AND DEATH
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Conditions, if any, wh	nich gave)	OT .	, , ,	
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lost.	(c)			
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190. DATE OF OPERATION TO SERVICE ACCIDENT WAS IN	19b. CONDITION FOR WHICH OPERATION WA		20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
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di work at wark	of (1) (this hospital) oftended the deco	eosed from 3/27/48, 19	to 12/1/3/4819	, that (i) Live lost
sow the dec	eased alive an 17/12/60	19 and that in (my) (our) or	inion death occurred on the d	
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Tes, no. Ar Unknown) 18. CAUSE OF DEATH PART I. DEATH W 4	CPITE .	MO DEGREE ATTENDING IN	MED. STAFF	DATE SIGNED
22d. PHYSICIAN'S	E O Ourren	22e. ADDRESS	DIRECTOR L PHYS. L	12/13/48
NAME (Type)	F KIBERTEAL	1	ew Winds	ma mol
230 BURIAL, CREMATION,	23b. DATY	OF CEMETERY OR CREMATORY	23d. LOCATION (City of Town)	(County) (State) A
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FUNERAL DIRECTOR	· O · O · O · APPL	RESS 25a. REC'D		S SIGNATURE
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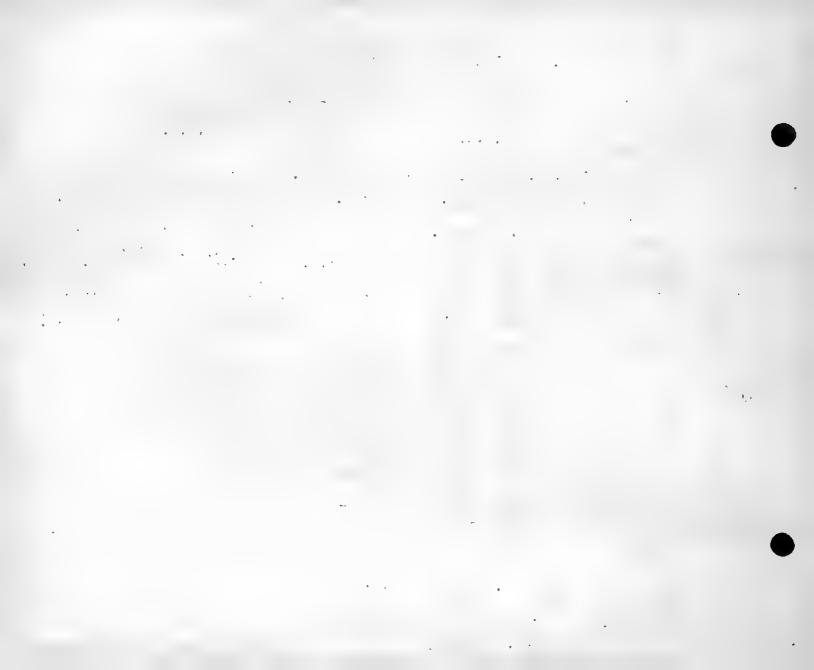
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			MARTLAND STATE DEPARTMENT OF REALIN	
0	1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	17339
			17228 CERTIFICATE OF DEATH	14998
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and the second	director, page 3 should be detached for use as the burial-transit permit. Then please remave serion papers should be filed with the State Dept. of Health prior to burial, cremation, or remaval, and in any event, within 72 ho		USJAL RESIDENCE (Where deceased lived, if institut on Residence before 13c CITY OR TOWN 13c MISTOR CITY LIMITS? 13b STREET AND NUMBER 135 ON STATE VLAN I) 13b COUNTY RROLL WESTHING OF TOUTE H	4
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed Page 4 may be retained by the hospital or attending physician.	n any	14	ATHERS NAME FIRST Middle BREHMY IS MOTHERS MAIDEN NAME FIRST LEISTE	Last .
ate b	ease and i	160.	WAS DECEASED EVER IN L.S ARMED FORCES? [16b SOCIAL SECURITY NO. 17 INFORMANT	En
ertific	nen p aval,	Ľ	NO 219 017675 LLLM 21 21 SAME	APPROXIMATE INTERVAL
ath o	ır rem		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) SROWCHOPNEUMONIA	BETWEEN ONSET AND DEATH
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Jw r Iding	the ar ta	NOI	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS CONS	SIDERED IN CERTIFYING
The latter	se as h pri	CERTIFICATION	YES NO CAUSES OF DEATH?	IDEALD IN CERTIFIED
AN: ol or cate	Healt		21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, 1ter DOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor	n 18.)
SICI	red t. af	MEDICAL	(If either, notify medical examiner) PM 19	County State
he ho	letack Dep		21d. INJURY OCCURRED While Not while of work 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) While of work 21f LOCATION Street or R.F.D. No. City or Town	LOOMY STOTE
DING by t	be o State		22a. I certify that (I) (this haspital) attended the deceased from 175 (1958) to 175 (1958) sow the deceased alive on 155 (1958), and that in (my) (our) opinion death occurred on the date	ae, that (I) (we) last
TEN ined	ould the		causes stated above, (I) (we) (did) (did not) view the body after death.	
OR ATTENDING PHYSICIAN: The law requires the be retained by the hospital or attending physician.	d with		226. SIGNATURE ATTENDING MED STAFF 22c DAT DEGREE PHYS DIRECTOR PHYS. / 2	TE SIGNED - 2 > -6 %
SPITAL (pe die		22d. PHYSICHAY'S NAME (Type) DANIEL T. WELLIVER MD 22e ADDRESS NAME (Type)	MIDAVIDAT
O HOSP	auld	230		(County) (State)
01 01 01 01 01 01 01 01 01 01 01 01 01 0	들뜻		Burnal 12/26/68 Levelina Cination Westminute 1	9044 md.
36	VR A15	24.	FUNERAL DIRECTOR 250 REGISTRAR'S SIGNAL DATUE C 2 7 1968 COLONE	
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NOHN J. BREHM EMILA LEISTER.

NO 214-67-645 LELA BREHM SATER DONES







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	CERTIFICATE OF DEATH										
	ECEASED-NAME First Type or print) Samu	el David	Middle BURRY		Last		20. DATE OF Decemb	erWonth17, Do	1968ear	26. HOUR 1:15PM	
3. 5	Male Male	4. RACE	White		S. DATE OF BIRT	80 - 04		6. AGE (in years last birthday) OLL YRS.	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN	
70 €00	BIRTHPLACE (State or foreign	7b CITIZEN OF WE			NEVER MARRIE	V 12	9. COUNTY OF				
10	West Va.	U.S.	. A IME OF HOSPITAL OR INS	WIDOWED	<u> </u>	5-4	Cat	rroll Cour	1 ty	Md. BUSINESS OR	
10	Sykesville	Spri	treet ordress)	tate F	lospital	duringsne	P. P. S. S. P. S.	ife, even if retired)	INDUSTRY	אס ככאוונסס	
13o adr	USUA. RESIDENCE (Where deceo	11/ 1 / 1 / 1	on Residence before	13c. CITY O		INSIDE CITY LIM	AITS? 13e. STE	eet and number 30 Lynche:		ıd	
14	FATHER'S NAME First Samue1	Middle Burry	Last		S MOTHER'S MAID			Middle chwartz		lost	
16	WAS DECEASED EVER IN U.S. ARI Yes, na, Quinknown) (If yes give	MED FORCES? war or dates of service)	16b. SOCIAL SECURITY N		INFORMANT ecords, S	Spring	field	Address State Hos			
	18 CAUSE OF DEATH (Enter or	ly and couse per fir							BETWEEN O	MATE INTERVA, INSET AND DEATH	
	PART I. DEATH WAS CAUSE IMMEDI	ATE CAUSE (a)	Ardiac arr	est					Minu	tes	
	450 K Conditions, if any, which gave	Pi	almonary e	mboli					Minut	es	
	rise to immediate cause (a), stating the underlying cause	(-)	S A CONSEQUENCE OF					-			
	PART 2 OTHER SIGNIFICANT CO	(t)	TIMO TO DEATH BUT ME	OT DELATED 1	O THE TERMINAL O	CEASE OB(AND TON CIVE	LAN DART 15-			
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ELF CATION		CONDITION FOR WH	CH OPERATION WAS PE		20a. AUTOPS	NO 🔣	CAUSES	YES, WERE FINDINGS OF DEATH?		ERTIFYING	
D CAL CERT	21a. ACCIDENT WAS UNDERLYING CAUSE OF DEA	TH HOUR A.M.	Manth Day Year		OW INJURY OCCUR	IRED (Enter	noture of injur	y in Part 1 or Part 2,	Item 18 }		
Q₩	at wark at wark		AT HOME FARM, STREET FAC OFF CE BUILDING, ETC.				·	or Town	Caunty	State	
	22a. I certify that (1) (the saw the deceased courses stated gbay	is hospital) atte dive on	ended the decease (did nat) yiew the	ed from_ 9 <u>60</u> , ar body after	12-10- d that in (my) death.	, 19 (our) opir	22, to nian death o	12=17 , 19 ccurred on the d	ote and hour	(I) <u>(we)</u> last and from the	
	22b SIGNATURE	ini U	1//	11 D DEG	REE PHYS	☐ ME	ED. RECTOR	STAFF X 1	2-17-68		
	22d. PHYSIC ANS NAME (Type) Octav	io A. Ru	iz, M.D.		22e ADDRE Spr	ssykes ingfie	eld Sta	Maryland te Hospit	al 21/04		
231		DATE 2/20/68	23c NAME OF Parkwo		CREMATORY			N (City or Town) imore, Ma		(State)	
	FUNERAL DIRECTOR Leenard J Ruck		ADDRESS	מפועיו	a DÊ	TRECT 9	* 1968	Ser Breize	July .		
L				V	Ţ.	ALL					



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1 7 3 4 5 CERTIFICATE OF DEATH Lost DECEASED NAME Middle 2a. DATE OF DEATH TENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. (Type or print) 72 Month 70 Day 68 Year Julia Madeline Carev S DATE OF BIRTH 8/30/87 3 SEX 4 RACE IF UNCER 1 YEAR TE JINGER 24 HRS 6. AGE (In years lost birthday) white female 7b. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (State or fare an 9. COUNTY OF DEATH 8. MARRIED THE NEVER MARRIED New York USA Carroll WIDOWED | DIVORCED [10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 2a USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR during mast of working life, even if retired.) give street address) INDUSTRY Rural--Sykesville Springfield State Hospita 13a. JSUAL RESIDENCE (Where deceased lived, if institut an Residence before 113c CITY OR TOWN 113e STREET AND NUMBER 136 COUNTOntgomery 6805 Brennan Lane admission) STATE YES 🔀 Chevy Chase IS. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Last Sheridan Holmes Katie . Patrick 16a. WAS DECEASED EVER IN J.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Address Yes, na, ar unknown) Springfield Hospital records, Sykesville, Md. 577-16-5055 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND CIEAT PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart failure Weeks DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) (b) Arteriosclerotic heart disease Years rise ta immediate cause (a), OUE TO, OR AS A CONSEQUENCE OF stating the underlying cause Pyelonephritis, right kidney Davs - weeks PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Chronic brain syndrome associated with cerebral arteriosclerosis with psychotic reaction. TO FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 19a. DATE OF OPERATION 20a AUTOPSY? CALISES OF DEATH? YES IX NO [21d ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTRIBLTING CAUSE OF GEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED Ctv or Town (aunty State While Not while at work 12/10/ 19 68 22a. I certify that (the this hospital) attended the deceased fram saw the deceased alive an 12/10/1968 3/21/ 1960 to , and that in feet (aur) apinian death accurred an the date and hour and from the saw the deceased alive an____ causes stoted above, \$0 (we) (d d) attacked view the body ofter death 22c DATE SIGNED 22b SIGNATURE ATTENDING 12/10/68 SEGREE Springfield State Hospital 72e ADDRESS 22d PHYSICIAN S Renato R. Espina, M. D. NAME (Type) Sykesville, Maryland 23b. DATE NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) 23a. BUR AL, CREMATION REMOVAL (Specify) 25b. REGISTRAR S SIGNATURE FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR DEC 16





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1 -	2,4-		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1734	4
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with	yeit wit	L	FINKS BURG FOREMAN KENTA	9/ CAR
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Page 1	e i		JOHN - Christ II UNKNOWN	
. (Ne	cia eas eas	160.	o. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT	
₹	hysi val,	L Y	Yes, no, or Linknown) (Illy of grow your or dointes of service) 141-07-6764 MR PALMER MILLER FINKS bux	29, Nd.
e E	F 9 0		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	INATE INTERVAL ONSET AND DEATH
疟			PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PUEUMOKIA - TERMINAL	1.14
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ig di	ign irin		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
The taw requi≡s tha attending physician.	5 9 5		1778	
<u>S</u> ije	or # co		19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN C	CERTIFYING
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S ig	erti ed . of	MEDICAL	(If either, notify medical examiner) P.M. 19 21d, INJURY OCCURRED 21e, PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County	Stote
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Ř. Ř	ftel be Sta		22a. I certify that (I) (this haspital) attended the deceased from SEPT. 22, 1968, ta Dec. 1968, that saw the deceased alive an 12/8, and that in (my) (our) apinian death accurred an the date and haur	T (I) (We) last
EN .	he he		causes stated abave, (1) (we) (did) (did not) view the bady after death.	alla fram the
tair T	5 44		226. DATE SIGNED	
a e	% 3 € S		Martin E. Stroke DEGREE PHYS. MED. DIRECTOR D PHYS. D 12/9/6	
	<u>⊼</u> 8,≝		22d. PHYSICIAN'S 22e. ADDRESS	
TIA TIC	RAI be b		NAME (Type) MARTIN E. STROBEL RESTOWN, MD.	
0.5	State Bland	230	B JRIAL, CREMAT ON, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY, 23d. LOCATION (City of Town) (County)	(State)
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requi≡s that the death certificate be Page 4 may be retained by the hospital ar attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filled with the State Dept. of Health priar to burial, crematian, ar removal, and in any event, within 72 hours after death	230	REMOVALISPECTY) 12-12-68 PARILLE CONTESTS	14.
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ATTO Interest of the second se	П	22b. SIGNATURE	(i) (2c) (did) (diesally view file	body affor acam.		DATE SIGNED
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cote or u		210 ACCIDENT WAS UNDERLY!		21c. HOW INJURY OCCURRED	(Enter nature of injury in Part) at Pa	ort 2, Item 18.)
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AL AL		22d. PHYSICIAN'S NAME (Type)	Irles H. William	S CAL D 22e. ADDRESS	Kesuille, niz	08, Md,
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	4			MARYLAND S	TATE DEPARTMENT OF	HEALTH		
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l	,	es, no_or_unknown) (If yes gi	ve wat or dates of service)	220-46-4	1781 mildre	of Huston 9	122 R. and	lance
Ì		18 CAUSE OF DEATH (Enter	only one couse per lis	ne for (a) (b) and (d)			APPROX M	ATE INTERVA. ISET AND DEATH
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Ì		21d INJURY OCCURRED 2 While Not white	THE PLACE OF INJURY	OFFICE BUILDING ETC.	21f. LOCATION Street or R.F.D.	No. City or Town	County	State
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		22a. I certify that (I)	this hospital) ofte	ended the deceased fr	om5-/2, 19 _, and that in (my) (our) a	60, 10/2-13	, 19 <u>&X</u> , that	(I) (we) last
		saw the deceased	ove (I) (we) (did)	(did nat) view the body	_, and mar in (my) (our) a ofter death	pinian deoth occurred on t	ne dote and haur a	ind from the
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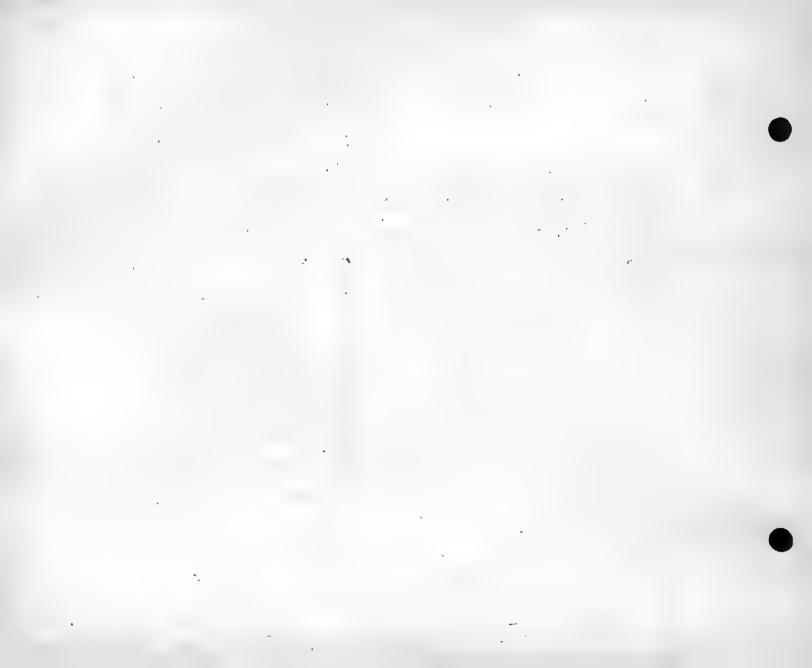






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ND Ad by Ad		22a. I certify that (I) (this haspital) attended the deceased saw the deceased alive an	19 <u>68</u> and that in (my) (aur) apır	nian death accurred an the date and havr and fram the
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ITA may RAL RAL be f		NAME (Type) ISAK, E. HAPNER	22e ADDRESS S P	RINGFIELD STATE HOSPITAL
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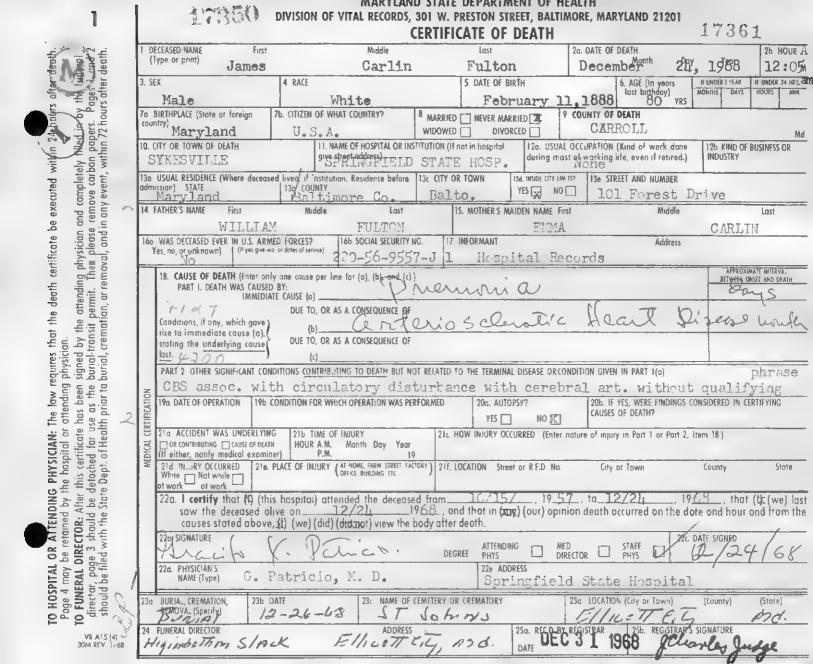


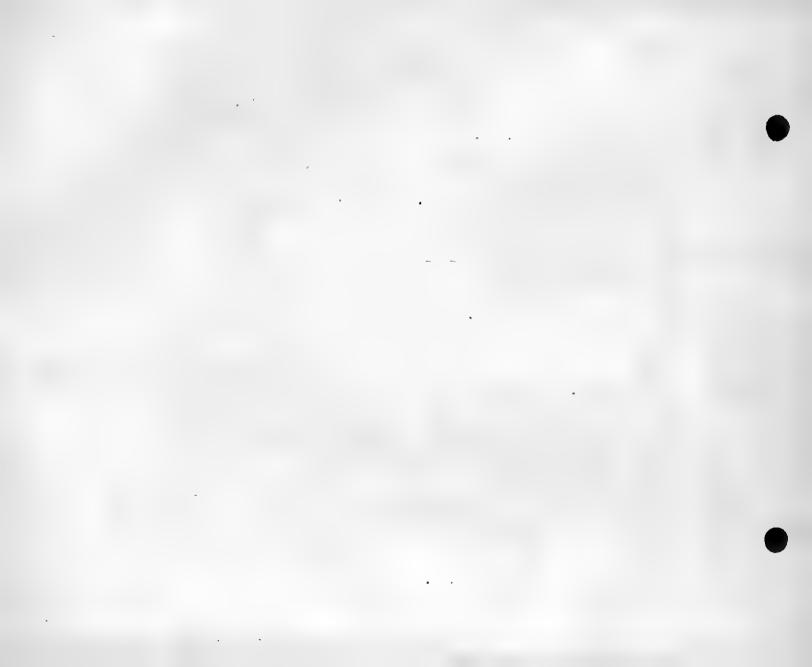


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MIAKITAND STATE DEPARTMENT OF HEALTH











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		DIVISION OF VITAL RECORDS, 301 W	FICATE OF DEATH		17364
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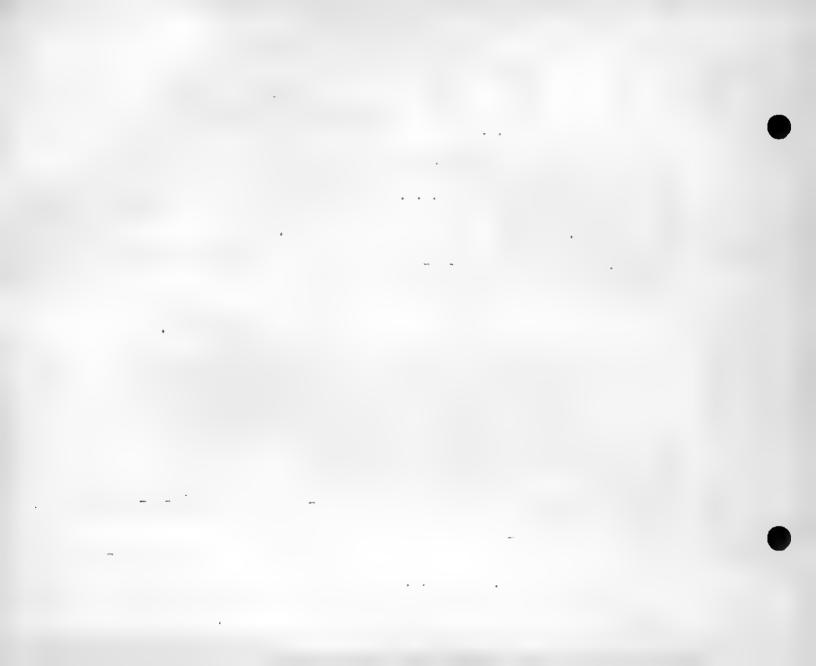
		MARYLAND STATE DEPARTMENT OF HEALTH
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ATENDING stained by the CTOR: After 1 should be do ith the State	ı	sow the deceosed olive on 1965, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated, above, (i) (we) (did) (did not) view the body after death.
To day the state of the state o		22b. SIGNATURE / 22c. DATE SIGNED
OR / De re le re 3 s d wild wild wild		Aformand & Hall DEGREE PHYS DIRECTOR DIRECTOR 12-30-68
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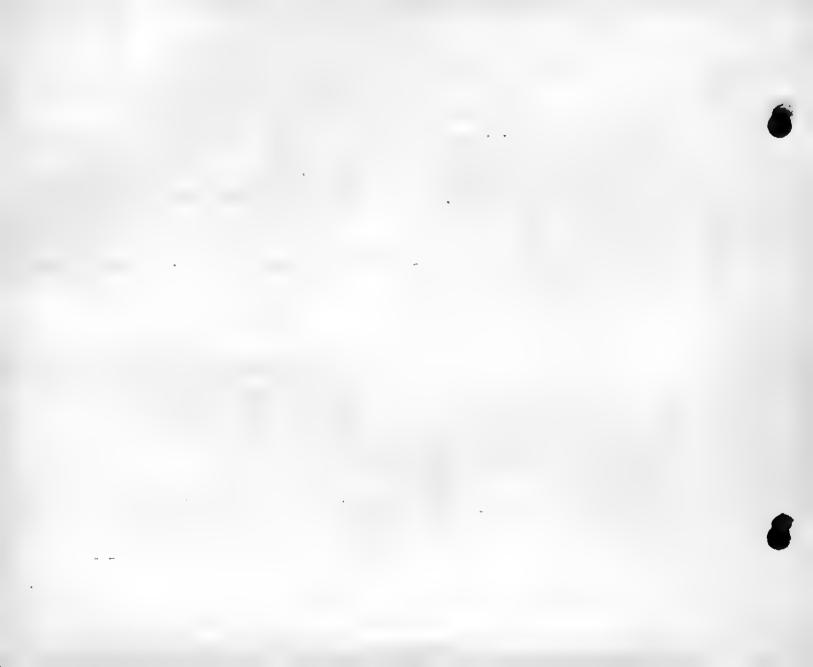
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HEALTH DEPT.		ECEASED NAME First Middle Lost 20 DATE KNOWN [X] Month [Doy Yeor 25 HOUR
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y de la contine	Ma	Te white 91. 88 AK DECEMBER 19	Yeor 1868 LO:00
7 = 0		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED X 9. COUNTY OF DEATH	
\$ \$ \$ \alpha \text{\$\delta}\$	10.0	Maryland USA WIDOWED DIVORCED Carroll ITY OR TOWN OF DEATH IT NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 1)	2b KIND OF BUSINESS OR
hours after death tem 18. Give Pages L Orice along with forn and 2 with the State D ofter death.	۱ ۵	during most of working life even if retired.)	NDUSTRY
Give Sing	130	USUAL RES DENCE (Where deceased lived, if institution Residence pergret 13c. CITY OR TOWN 13d INSIDE CTY LIMITS? 13e STREET AND NUMBER	
N - 0 - 0	0	Maryland Baltimore City Baltimore YES NO 2005 Dennison S	St.
24 hours tem 1 's Once ss Land 2 rs ofter of	<u>-</u>	ATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Lost
· 7 4 5 5 5		John Harrison Netti	Unk.
E E E E E	160.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT ADDRESS 18c Pringfield State Hospit	
INER: This certificate should be executed within e certificate, writing the ward "pending" in pencitabould be forwarded to the Chief Medical Examine files. 3 should be used as a burial-transit permit. File dag cotion, or removal, and in any event within 72 hou	U		APPROX MATE INTERVAL
should be executed in e word "pending" in the Chief Medical Es urnal-transit permit. Fi in any event within		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY: Through a	BETWEEN ONSET AND DEATH
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rate significant to be a possible of the and		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
tific riting arde d as /al,	No.	Fracture, right ankle. Bronchopneumonia.	I no Attroprise
This certification writing be forwarded be used as or remayal, a	CERTIFICATION	TYD. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
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KAMINER: te the certi je 4 shauld raur files. age 3 shaul crematian,	GW	21d INJURY OCCURRED 21e P.ACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town	County State
XAN te ti ge 4 yaur age crer		WHILE AT WORK AT WORK Springfield State Hospital, Sykesville, Maryland, Carrol	l e
bical Examiner: se execute the certi sctor. Page 4 shauld ned far yaur files. IECTOR: Page 3 shau a burial, cremation,		22a certify that I took charge of the remains described above, held an Autapsy Inspection [X]. Inquiry,	and in my opinion
SICA flease ex- director. stained DIRECTO		death resulted fram: Natural couses . Accident . Suicide . Homicide . Undetermined monner .	
please direct directaine DIREC		ACTUAL OF CHIEF MED CAL EXAMINER C	. /
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o DEPUTY necessary, p the funeral 5 may be ra 6 FUNERAL Health prior		NAME (Type) W. Glenn Speigher, M. D. Approximent Manager Manag	- J. Garage
necessary, please execute the the funeral director. Page 4 st 5 may be retained far your fit TO FUNERAL DIRECTOR: Page 3 Health prior to burial, crema	230	BURIA, CREMATION, 236 DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Jown) (County) (Stryf)
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(2)	24.	EUNERAL DIRECTOR 250 REC D BY REGISTRAR 256 REGISTRAR 5 SI	
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er death funeral Fand 2 ar death		ECEASED-NAME First	Middle h Henry Heitman	lost	20. DATE OF DEA Decemb	ATH Mageth 26, Dale 9	
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rin 24 haurs filled in by papers Ru thin 72 hou	7a l	BIRTHPLACE (State or foreign 7	U.S.A.	B MARRIED NEVER MARRIED S WIDOWED DIVORCED	, COUNTY OF DE		L County, M
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etained by the hospitals, the advanced by the attending physician and campletely filled in CTOR: After this certificate has been signed by the attending physician and campletely filled in should be detached far use as the burial-transit permit. Then please remove corban paper with the State Dept of Health prior to burial, crematian, ar removal, and in any event, within 72		B. CAUSE OF DEATH (Enter anly PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if only which gave is to mimed ate couse (o), stating the under-ying couse last.	ane couse per line for (a), (b) and (c). BY: CAUSE (a) Coronary i DUE TO, OR AS A CONSEQUENCE OF (b) Arterioscl DUE TO, OR AS A CONSEQUENCE OF	nsufficiency erotic cardiovascul	ar disea	lse₀	APPROXIMATE INTERVAL BETWEEN CHSEF AND DEATH
or attending physician the has been signed by use as the burial-traisath prior to burial, cre	CERTIFICAT. ON	PART 2 OTHER SIGNIFICANT COND CBS, associated	ITIONS CONTRIBUTING TO DEATH BUT NO I with alcohol int INDITION FOR WHICH OPERATION WAS PE	or related to the terminal disease or Co coxication with psyc rformed 20a. Autopsy? YES [3] NO [chotic r	eaction , were andings col	NSIDERED IN CERTIFYING
ne nospital of arenaving this certificate has been detached far use as the e Dept of Health prior to	MEDICAL CER	210. ACCIDENT WAS UNDERLYING or contributing cause of death (If either, notify medical examine) 21d in URY OCCURRED 21e. Pl	HOUR A.M. Month Day Year r) P.M. 19	21c. HOW INJURY OCCURRED (Enter	noture of injury in		county State
D FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the <u>should</u> be filed with the State Dept of Health prior to		at work of work 22a certify that (I) (this	haspital) attended the decease ve on 12-2-1 (l) (we) (did) (did nat) view the	ed from 10-21 , 19-5, 9-60, and that in (my) (our) apir body after death		22c D	ATE SIGNED
Page 4 may be retained by the hospital To FUNERAL DIRECTOR: After this certifical addrector, page 3 should be detached for should be filled with the State Dept of He			vio A. Ruiz, M.D.	220. ADDRESS Springfiel	d State	Hospital	-27-68
TO HOSPITAL OR Page 4 may be re TO FUNERAL DIRE shauld be filed w	ш	BURIAL CREMATION, 23b DA	1-69 23c NAME, OF ULL	CEMETERY OR CREMATORY, LLY TILLIAM 250 RECD BY	23d LOCATION	City or Town) LOWILL 2Sb REGISTRAR'S S	(County) (Stote)
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,		173830	DIVISION OF VITAL RECORD	CERTIFICATE OF		PARTEMIN 21201	17371	
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he death ce attending permit. Th		18. CAUSE OF DEATH (Enter or	nly one cause per line far (a), (b), and D 8Y.	(c))			BETWEEN ONS	
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first for Hee		OR CONTR BUTING CAUSE OF DEA (If either, notify medical exami	TH HOUR A.M Month Day Ye	ar	CORKED (Chief Indicate of a	illosy ist Fort I of Cort 2,	Hens To.)	
Spitch sp	MEDICAL	(If either, notify medical exami	DIACE OF INITIDY AND HOME FARM, STREET	FACTORY 1 215 LOCATION Street	et or RED No.	ity ar Town	County	State
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by t State		22a. I certify that (I) (th	ns hospital attended the dece	sed from 9-19-65	, 19, to_	12-7-58, 19	, that (l) (we) lost
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Partie of the state of the stat		22b. SIGNATHRE	- 11 10		1150	22c.	DATE SIGNED	
OR OR I		Dr. lkn. to	ums lot	LEGREE PHYS	NG MED. DIRECTOR C	STAFF 2	2-7-68	
AL Cay		22d. PHYSICIAN'S		22e. ADI		~ .		
O HOSPITAL OR Page 4 may be r O FUNERAL DIRE director, page 3 shauld be filed v			ilus Glahn		ngfield Stat			MD.
HO Jae FUX hau	23 o	BURIAL, (REMATION, 23b REMOVAL (Specify)	DATE 23c NAME	CEMETERY OR CREMATORY	23d. 100	LTION (City or Fawn)	(Caunty)	(State)
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<u> </u>		17361	DIVISION OF VI		301 W. PRESTO			E, MARYLAND 2	1201	1 '7	372
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₽ 3Z2 \	3 SE		4 RACE			NTE OF BIRTH		6. AGE (In	years	MONTHS DAYS	F UNDER 24 HRS HOURS MIN
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icial leos	160	WAS DECEASED EVER IN U.S. ARI		b SOCIAL SECURITY I					Address	***	
ohys		es, na, gryy knawn) (If yes give v	1	05-10-49	21 A M1	rs. Ell:	a Shame	r Rd F	inksb	urg, Md.	
The Fire		18. CAUSE OF DEATH (Enter on	y ane cause per line f	ar (a), (b), and (c).)			~		APPROXIMA BETWEEN ON	NTE INTERVAL SET AND DEATH
anth indir		PART 1 DEATH WAS CAUSE IMMEDI	O BY ATE CAUSE (a)	there	lentic'	Heart	- Dies	apl_			
e de otte		4129	DUE TO, OR AS A	CONSEQUENCE OF							
the the notified		Conditions, if any, which gave rise to immediate cause (a),	(b)								
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The att has see the the	E E					4-000	NO 🏝				
G PHYSICIAN: the hospital or this certificate detached for u		21g ACCIDENT WAS UNDERLYING CAUSE OF DEA		JURY Manth Day Year	21c HOW IN	JURY OCCURRED	(Enter nature	of injury in Part 1	or Part 2, 1	tem 18.}	
Port of the second seco	MEDICAL	(If either, natify medical exami	ner) P.M.	′ 19	>						
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det the G		While Not while at work					107 1		-		40. 4
TENDING ined by th DR: After i buld be di		22a. I certify that (I) (the saw the deceased of	is haspital) attend	led the decease	d from De	u un (mu) (au	, 19 <u>63</u> ,	to Line 1	199	to and hour a	(1) (we) last
R. CEN		causes stated above	e, (i) (wa) (did) (di	tabl) view the	bady after death	j Hilli falla) fan	n) abunan c	ream occorrea (ilie uu	re and nour a	ina mum me
OR ATTENE be retorned DIRECTOR: A ge 3 should		22b SIGNATURE	,,,,,				HEA	CTAPP.	22c.	DATE SIGNED	
OR De red w		John	s. He	rating !	DEGREE	ATTENDING PHYS	MED DIRECTOR	STAFF PHYS. [□ (2/25/	60
AL DO		22d. PHYSICIAN S		, ,		22e. ADDRESS	4	_		-	
TO HOSPITAL OR ATTENDING PHYSICIAN: Poge 4 may be retoined by the hospital or TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the State Dept. of Healt		NAME (Type)	ter Se c	TARSH			chor d		men	seen un	<u> </u>
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MAKTLAND STATE DEPARTMENT OF HEALTH



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law bee bee is th	CERTIFICATION	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS F	PERFORMED 200. AUTOPSY?	206 IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
The atter has has se of the point of the poi	M			YES NO	CAUSES OF DEATH?	
are ate		21a. ACCIDENT WAS UNDERLYIN			er nature of injury in Part I or Part 2,	Item 18.)
af Hiffice of H	MEDICAL	OR CONTRIBUTING CAUSE OF DEA'	ner) P.M.	19		
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death continues be executed within 24 haurs after deat Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the tone director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban pagers. Page, 1 and should be filled with the State Dept. af Health priar ta burial, cremation, ar remaval, and in any event, within 72 hours after deat	¥	While Mat while M	PLACE OF INJURY (AT HOME, FARM, STREET F OFFICE BUILDING, ETC.	ACTORY.) 21f. LOCATION Street ar R.F.D. N	a City or Town	County State
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MDII d bid d bid e St	L	saw the deceased o	live on 12 = 7	sed fram 9-17 , 19. 19.68, ond thot in (my) (our) op body after death.	pinion death occurred on the d	ate and hour ond from the
TIE dine	ı		e, (I) (we) (did) (did nat) view the	e body after death.		
S SECTION WITH	L	226. SIGNATURE	0 \ m &	DEGREE PHYS	MED. STAFF	DATE SIGNED
L OR / be r DIRE		22d. PHYSICIAN'S	Erisol, M.S.	DEGREE PHYS L	DIRECTOR PHYS, LLZ	(X)ei 66
RAI RAI		NAME (Type) Pat	I G. Ensor M.D.		eld State Hospita	1
TO HOSPITAL Poge 4 may O FUNERAL I director, pog should be fill	230	BURIAL, CREMATION, 23b.	DATE 23€ NAME O	CEMETERY, OR CREMATORY	23d LOCAT ON (City or Town)	(County) (State)
O O O Signatura	1	MEMOVAL (Spec fy)	11.1968 20	M. / matom &	and BACTIMON	RE MD.
VR A15 (A)	24	FUNERAL DIRECTOR	ADDRES		BY REGISTRAR 2Sb. REGISTRAR	
30M REV (68)	20	rank H.	lewell sikes	will & SUN DATEDE	20 1968 gclies	when Judge



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME Middle Last 20. DATE OF DEATH First executed within 24 hours after death (Type or print) Dec.Manth CECELIA HOOD B . B:30 M 4 RACE S. DATE OF BIRTH IF UNDER 1 YEAR 3 SEX 6 AGE (In years iest birthday) DAYS June 26. 1884 Female White 70 BIRTHPLACE (State ar foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED (Gunliy) Maryland god completely filled in e remove corbon papers. U.S.A. Carroll WIDOWED IX DIVORCED | 12a USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b KIND OF BUSINESS OR give street address) during most of working life, even if retired.)
Housewife INDUSTRY Mt. Airv 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13e. STREET AND NUMBER 13b COUNTY Carrol Mt. R. D. Airy NO 📆 14. FATHER S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Henry H. Mullinix E. requires that the death certificate be-Mary Daley 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, ng_or unknown) (If yes give war or dates of service) 218-52-24857 Mrs. Frank Byers burial, cremation, or removal, Same As APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerofic Cardio Vascular disease signed by the ottendir burial-transit permit. DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or ottending physician.

O FUNERAL DIRECTOR: After this certificate has been signed by stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 3 should be detached for use as the with the Stote Dept. of Health priar to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? NO | YES | 21c. HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No 21d. INJURY OCCURRED City or Town State County While Not while of work 220 I certify that (1) (this hospital) attended the deceased from April, 1957, to Dec, 1968, that (1) (we) lost saw the deceased alive an October 1968, and that in (my) (aur) apinion death occurred an the date and hour and from the couses stated above, (i) (we) (did) (did not) view the body ofter deoth. 22b. SIGNATURE 22c DATE SIGNED ATTENDING PHYS MED. DIRECTOR STAFF Dec. 12, 1968 director, page should be filed 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Dr. W. В. Culwell Mt. Airv. Marvland 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o. BURIAL CREMATION, 23b DATE (County) (State) BUT Specify) 12/14/1968 Taylorsville Taylorsville, Carroll, Md. 2Sg. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 41 Waltz, Box 241, Sykesville, Md. DATE DEC 1 R 1968

MARYLAND STATE DEPARTMENT OF HEALTH



	17364	DIVISION OF	VITAL RECORDS,				RE, MARYLAND	21201		
			C	ERTIFIC	ATE OF	DEATH			17375	,
	ECEASED-NAME First		Middle		Lost	20	DATE OF DEATH			2b. HOUR
,	Type or print)	IA	(NMN)		HOPF		DECEMBE	R2. 19	68 Year	5:40 M
3. 5	EX	4. RACE			S. DATE OF BIR	RTH	6 AGE I	In years	1F UNDER 1 YEAR	IF UNDER 24 HRS.
	Temale	Whi	te		5-22-3	L884	1981	rthday) YRS.	MONTHS DAYS	HOURS MIN.
70.	BIRTHPLACE (State or foreign	7b. CITIZEN OF W	HAT COUNTRY?	8. MARRIED	NEVER MARI	RIED 9. CC	OUNTY OF DEATH			
COL	niny) Maryland	U.S	.A.	WIDOWED [Z DIVOR		Carroll			Md
10	CITY OR TOWN OF DEATH	11 N	IAME OF HOSPITAL OR INST	TITUTION (If no	ot in hospital	120 USUAL OC	CUPAT ON (Kind of	work done	12b KIND OF	BUSINESS OR
	Sykesville	Sp	ringfield S	State	Hospita	during most of	f working life, ever DUSOWITO	if retired.)	INDUSTRY	
13a	USUAL RESIDENCE (Where deced	sed lived, if institu	tion. Residence before	13C CITY OR	TOWN	3d INSIDE CITY LIMITS?	13e STREET AND	NUMBER	AVE	7.
aan	Maryland	Baltim	ore_City_	Balti	more	YES NO	5615 L	aurelt	on Read	H
14.	FATHER S NAME First	Middle	lost			IDEN NAME First		Middle		Lost
	Unknown		Hartma			Unk	mown			
160	WAS DECEASED EVER IN U.S. AR Yes groe unknown) (If yes give	MED FORCES?	166 SOCIAL SECURITY N		NFORMANT			Address		
	as MaPor mirriowu) 111 Ans Base	an ordinal di Servica)	212-03-886	50-I	Records	, Spring	field St	ate Ho		
	18. CAUSE OF DEATH (Enter o	n'y ane cause per l	ine for (a), (b), and (c).)						APPROXII BETWEEN O	MATE INTERVAL INSET AND DEATH
	PART I DEATH WAS CAUSI	D BY: ATE CAUSE (a) B2	onchopneum	onia					Day	
	410.9	(-/	AS A CONSEQUENCE OF							
	Canditions, fany, which gove	(b) Ax	terioscler	otic h	eart d	isease			Year	rs
	rise to immediate couse (o), stating the underlying couse	DUE TO, OR	AS A CONSEQUENCE OF							
	lost 4 2.	(c) Cc	ronary art	ery so	lerosis	5	_		Year	rs
	PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBU	JING TO DEATH BUT NO	T RELATED TO	THE TERMINAL	DISEASE OR CONDI	TION GIVEN IN PART	I(a) (CBS assi	ciated
Z	with senile b	rain dise	ease, witho	ut qua	lifying	g phrase				
ATIO	190 DATE OF OPERATION 196	CONDITION FOR WI	HICH OPERATION WAS PER	FORMED	20a. AUTOF	·5Υ ?	20b IF YES, WEE		ONSIDERED IN C	ERTIFYING
CERTIFICATION					YES 🔀	но 🗀	CAUSES OF DEAT			
	210. ACCIDENT WAS UNDERLYI			21c HC	W INJURY OCCI	JRRED (Enter notu	ure of injury in Part	1 or Port 2,	Item 18.)	
MEDICAL	(If either, notify medical exam	iner) P.M.	19							
×	2.d N.JRY OCCURRED 21a	PLACE OF INJURY	(AT HOME, FARM, STREET, FACTO	ORY.) 21f LO	CATION Street	ar R.F.D. No.	City or Town		County	State
	at work of work									
	22a. I certify that (1) (the saw the deceased of	us hasp tal) att	ended the decease	d fram	7 -16-6 8		, to 12-2-(58_, 19	, that	(I) (we) last
	saw the deceased c	(I) (wa) (aid)	(did not) view the h	ndy after a	That in (my leath) (aur) apinion	death accurred	an the da	ite and haur	and from the
	226 SIGNATUREM	147)	ford tidit, Aleas tille o	ouy allel C	100111			220	DATE SIGNED	
	Allen	Hal)	(0	DEGR	ATTENDIN	G MED DIRECT	OR STAFF		2-2-6	8
	27d PHYSIC AN S				111.0		field St	/ '		
		E. Hapne	r. M. D.				ille. Ma			
230	BURIAL, CREMATION, 23b.	DATE	23c NAME OF C	EMETERY OR	CREMATORY	230	LOCATION (City o	r Tawn)	(Caunty)	(State)
	0.044.044.40 10 10 1	2/4/58	VOOT	lawn :	Cemete		nees I had	Bol.	to co	h-a
24	FUNERAL DIRECTOR		ADDRESS			250 REC D BY REC	GISTRAR 25h	REGISTRAR S	SIGNATURE	
r.	MALSE FUNERA	L HOLE	12143.38	narle	SSt.	DATE DEC 5	1968	Keren	wind have	A. C.
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MAKILAND STATE DEPAKTMENT OF HEALTH



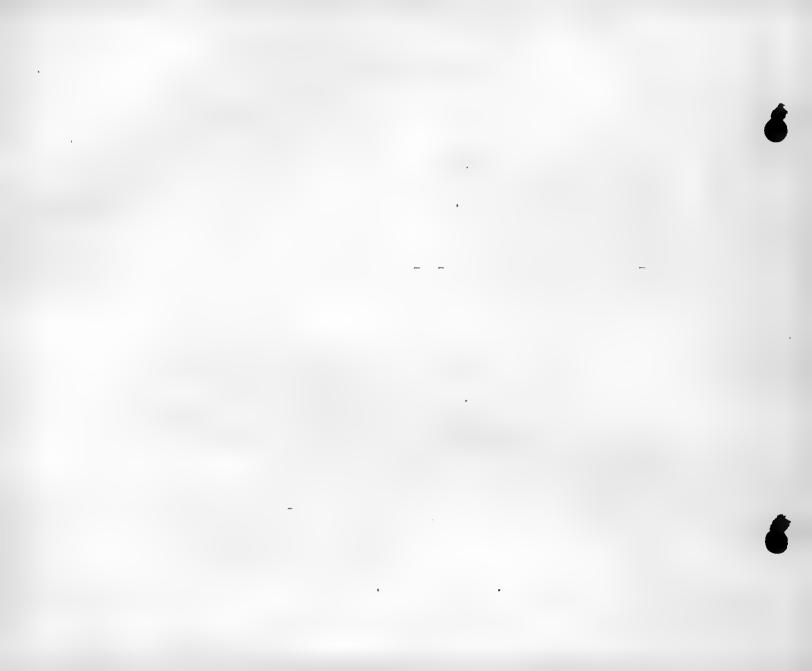
11	ı	E Marine de Silve	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STRI	EET, BALTIMORE, MARYLAND 21201	
j	L	17295		CERTIFICATE OF D	DEATH	17376
= 2=		CEASED-NAME First	Middle	Lost	20. DATE OF DEATH	26. HOUR
24 hours after death	'	(ype or print) MaZ	10 E.	Kerel	December Z	1968 6:ELA M
≥ (AZ)	3. 5	X	4. RACE	S. DATE OF BIR	1 1 3 1 3 1 5 1 5 1	IF UNDER 1 YEAR IF UNDER 24 HRS.
5 283		Female	Cav.	Septem	ber 5 188 last birthday) YRS	MONTHS DAYS HOURS MAN
No con line	70	BIRTHPLACE (Stote or foreign	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARR	9. COUNTY OF DEATH	
1 ₹ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	(00	Penna.	U. S. A.	WIDOWED X DIVORC		Md.
22	10.	ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR I give street address) .	NSTITUTION (If not in haspital	12a. USUAL OCCUPATION (Kind of work done	
The second of th	4	lestminster	184 Union	town Rd.	during mast of warking life; even if retired.)	INDUSTRY Home
ed ed car	13a	JSJAL RESIDENCE (Where decease	d lived, if institution Residence before	1 . / '	INSIDE CITY LIM TS? 13e. STREET AND NUMBER	A 1
control ove		1 larykin	A COLPYOII	Westminster	YES NO 84 Unionto	wn Road
nd nd land	14.	FATHER'S NAME First	Middle Lost	IS. MOTHER'S MAI	DEN NAME First Middle	Lost
be no see see see see see see see see see se		Granville	e Leese	ALMO	A Lat 14 had	Krumrine
PHYSICIAN: The taw requires that the death certificate be executed within e hospital or ottending physician. The secretificate has been signed by the attending physician and completely filly stoched for use as the burial-transit permit. Then please remove carbon property of Health prior to burial, cremation, or removal, and in any event, within		WAS DECEASED EVER IN U.S. ARME es, no or unknown) (If yes give wei	r or dritter of secure l		1 D. 1 1 84 ddressy	nontown Road
phy en ovo	⊨	NO	215-20		drew Dietrich west	APPROXIMATE INTERVAL
ing the management of the mana		38. CAUSE OF DEATH (Enter only	one couse per line for (a), (b), and (1 /	BETWEEN ONSET AND DEATH
deat mit- , or		PART I. DEATH WAS CAUSED IMMEDIAT	* *	Inrombosis,	Suspected	acute
he at be at tion		Conditions, if ony, which gave)	DUE TO, OR AS A CONSEQUENCE O			,
of th 		rise to immediate cause (a),	(b) Generalize		r08,3	unknown
s th cian de by -tro-		stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE O	r		
quires the physician. signed by burial-tron		- W = 9' A	(C)	NOT DELATED TO THE TERMINAL	DISEASE OR CONDITION GIVEN IN PART 1(a)	
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daw re nding been s the ior to	TION		ONDITION FOR WHICH OPERATION WAS F			CONSIDERED IN CERTIFYING
The 1 offer has se as h pri	CERTIFICATION			YES 🗆	NO CAUSES OF DEATH?	
or or or use later		210 ACCIDENT WAS UNDERLYING			RRED (Enter nature of injury in Part 1 or Part 2,	, Item 18.)
YSICIAN: aspital or certificate thed for u	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Manth Day Yea P.M.	r 19		•
IYSI nosp ceri chec pt. c	¥	21d INJURY OCCURRED 21a P	PLACE OF INJURY (AT HOME, FARM, STREET, F OFFICE BUILDING, ETC.		or R.F.D. Na. City at Tawn	County State
he he he be		at work of work				
ING Oy t iter fate		22a. I certify that (I) (this	haspital) attended the decea	sed fram 9/30	, 19 <u>6 3</u> , ta, 13 <u>7 7 ,</u> 19) (aur) apinian death accurred an the d	9 <u>68</u> , that (I) (we) last
ed les	L	saw the deceased ali	ve an 2-70 (I) (we) (did) (did nat) view the	.19&SC., and that in (my) (aur) apinian death accurred an the d	late and haur and from the
ATT din the short the shor	ı	22b SIGNATURE	(i) (we) (aid) (aid nai) view iii	1 44 0	220	:. DATE SIGNED,
OR ATTENDING be retained by th JIRECTOR: After t je 3 should be de ed with the State	L	Blillia	I.T. morre	DEGREE PHYS	MED. STAFF DIRECTOR PHYS D	7/2/68
AL AL O	L	22d. PHYSICIAN S	17-00-00	22e. ADDR		-1-100
Page 4 may be retained by the hospital or ottending physician. Page 3 may be retained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filly director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon, poshould be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within		NAME (Type) Philip	W. Mercer	150	W. Main St Westn	uinster Mo.
HOS ge 4 FUN rectr	230	BUR AL, CREMATION, 23b. D.	ATE 23c. NAME O	F CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)
5 5 5 £ 2		REMOVAL (Specify) BUY OLD Dec	embers 4. 1968 Sher	mans Church	Com. Hanover RP1	Penna.
VR A15 (4)	24	FUNERAL DIRECTOR	ADDRES 329		250. REC D BY REGISTRAR 256 REGISTRAR	'S SIGNATURE
30M REV. 1/68	1	1 5 7 11 1	7 1/		DATE DEG TOTO	S. S. S. Contract

MARYLAND STATE DEPARTMENT OF HEALTH



		7 (1)		CERTIFIC	ATE OF DEATH			1737	7
-		ASED-NAME First e or print) Rem	Middle tha Wilmering KUHI	TICC	Lost	20 DATE OF D	EATH Month 30, 10	W.C.O. Yeor	26. HOUR
Ļ	. SEX	2001	4. RACE	.000	S. DATE OF BIRTH			F UNOFR I YEAR	6:55PN
		Female	White		2-13-98		lost burthday)	MONTHS DAYS	HOURS MIN
-	o. BIR ountry	THPLACE (Stote or foreign Officermany	76. CITIZEN OF WHAT COUNTRY? Germany	8 MARRIED WIDOWED	NEVER MARRIED DIVORCED	9. COUNTY OF D	EATH Carroll	County,	Md
-		ykesville	11. NAME OF HOSPITAL OR IN give street oddress) Springii eld	State	Hospital 120 US	UAL OCCUPATION (I post of working lift TOUSEWILLE	(ind of work done e, even if retired.)	126, KIND OF INDUSTRY	8 USINESS OR
	30 JS dm+ss11	UAL RESIDENCE (Where deceose on) STATE Maryland	ed lived if institution Residence before	130 CHY OR Balti	TOWN 13d INSIDE CITY	LIMITS? 13e. STRE	et and number South St		treet
	4. FAT	HER S NAME First	Middle Lost	15	MOTHER'S MAIDEN NAME	First	Middle		Lost
-		Frank 'Al				nie Kuhlm			
	60 W. Yes,	AS DECEASED EVER IN U.S. ARM no, or unknown) (* yes give w	as as dalas of conusa.		INFORMANT	01	Address		
F	1		215-56-01		cords, Eprin	effield S	tate Hos	APPROXI	MATE INTERVAL
	18	B. CAUSE OF DEATH (Enter online PART): DEATH WAS CAUSED	y one couse per line for (a), (b), and (c)					BETWEEN C	NSET AND GEATH
1		PART I DEATH WAS CAUSED IMMEDIA			ret			Min	utes
ı	C	4-109 anditions, if thy, which gave)	DUE TO, OR AS A CONSEQUENCE OF						
ı	_ In	se to immediate couse (a), ((b) DUE TO, OR AS A CONSEQUENCE OF						
l		oting the underlying couse	LA						
ı	1-	- 4 old 1	DITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO	THE TERMINAL DISEASE OF	CONDITION GIVEN	IN PART I(o)		
ı			reaction, other a				1(4)		
ĺ	CERTIFICATION 51	o. DATE OF OPERATION 196.	CONDITION FOR WHICH OPERATION WAS PI	RFORMED	20a. AUTOPSY?	206. IF Y	ES, WERE FINDINGS	CONSIDERED IN C	ERTIFYING
	일				YES NO 18	CAUSES C	F DEATH?		
		o. ACCIDENT WAS UNDERLYIN			OW INJURY OCCURRED (Ent		in Port 1 or Port 2	Item 18.)	
	MEDICAL DITT	OR CONTR BUTING (CAUSE OF OEAT)	H HOUR A.M Month Doy Yeor ser) P.M.	9					
	at	1d. INJURY OCCURRED 21e Work of work	PLACE OF INJURY (AT HOME FARM, STREET, FA	CTORY,) 21f LO				County	Stote
	2:	2a I certify that (I) (thi	s hospital) attended the decease live on = 12-30 , (I) (we) (did) (did not) view the	ed from	1-21-, 19.	33 10	12-30-1	9.68_, that	(I) (we) las
I		sow the deceased of	(I) (we) (did) (did not) view the	19 <u>66</u> , an	d that in (my) (our) of	pinion death oc	curred on the d	ote and hour	ond from the
		2b. SIGNATURE	, (1) (WE) (GIG) (GIG HOL) VIEW IIIE	Dody uner			220	DATE SIGNED	
I		Francisco	c. Ceballon m.S	DEGI	REE PHYS	MED. DIRECTOR	STAFF PHYS.	2-30-6	68
	22	nAME (Type) Franci	sco J. Ceballos, A		220. ADDRESS Springfie			1	
7	30 B	MAL, CREMATION, 23b, 1 MAOYAL (Specify) 7	DATE 269 28 NAME OF 2/C	CEMETERY OR	REMATORY AS	230 LOCATION	(City or Town)	(County)	(Stote)

MAKILAND STATE DEPAKIMENT OF HEALTH



			MARYLAND STATE DEPARTMENT OF HEALTH	
1	1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
1			17367 CERTIFICATE OF DEATH 173	378
	± _~±		DECEASED NAME First Middle Dast 2g. DATE OF DEATH	2b. HOUR
	ero and deo	((Type or print) George BERNARD Lippy /2 Month 10 Day 6 Stee	or 8 4 M
	fun	3. SI	SEX A RACE I S DAY OF BURTH 6 AGE (in years IF UNDER LY	YEAR IF UNDER 24 HRS
	rendence by the haspital or attending physician. R. After this certificate has been signed by the otherding physician ond compretely filled in by the funeral valid be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the State Dept. of Health prior to burial, cremation, or remaval, and in any event, within 72 hours after death.		male hit hete may 2, 1897 last birthday) YRS. MONTHS	DAYS HOURS MIN
	3 6 10		BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
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	filled in Min 24 ho	10 (CITY OR TOWN OF DEATH 11, NAME OF HOSPITAL OR INSTITUTION (fination has pital 12a USUA: OCCUPATION (Kind of work dane 12b KIN	ND OF BUSINESS OR
	O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within Page 4 may be retained by the haspital or attending physician. FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and compretely fairector, page 3 should be detached for use as the burial-transit permit. Nen please remove carbon should be filed with the State Dept. of Health prior to burial, cremation, or remayar, and in ony event, with	m	undester give street address) / A f is the way of during most of working life even if retired) INDUSTI	RY Self
	d v	136.	D. USJAL RESIDENCE (Where deceased lived, if institution. Ses depice before 13c CITY OR LOWN 13d INSIDE CITY LIM 152 13e. STREET AND NUMBER	my -
	compret compret ove cor y event	O dm	missian) STATE and Bocounty elind. Wisting YES NO 12 12 day	,
	d co	14. (FATHER'S NAME First Middle Jost 15 MOTHER'S MALDEN NAME First Middle	Lost
	ond ond in on		Jovos Line Clara H	and law
	physicion of physicion (en please avar, and i	16a	a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address	1
	雪 医三月	Y	Yes, no, or unknown) (If yes give wor or doles of service)	Plan I ma
	E 5 5	-		PPROX.MATE INTERVAL
	다 등 e		PART I DEATH WAS CAUSED BY	WEEN ONSET AND OFATH
	e death ottendin permit. on, or re		mineurit crost (d)	012415
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	res sici sici red red-		lost. (c) techlia	
	aquires tho physician. signed by burial-tron burial, cren		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(0)	
	v re ng en he to	2		
	The low requires the aftending physician, has been signed by se as the burial-traith prior to burial, cre	ATIC	19d DATE OF OPERATION 19b CONDITION FOR WHICH PERSONNED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED	IN CERTIFYING
	The affi	CERTIFICATION	1/28/68 Challeget theheslowy YES \(\tag{CAUSES OF DEATH?}	
	N: or ore ore			
	CIA Sital Sital Sital Sital	MEDICAL	or contributing Causs of Geath HOUR A.M Manth Day Year If either, notify medical examiner) P.M.	
	Pt. Cer	ME	21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No. City or Town County	State
	LOR ATTENDING PHYSICIAN: be retained by the haspital or DIRECTOR: After this certificate ge 3 should be detached for us iled with the State Dept. of Healt		While Not while of work of work	A
	ING Port te d to te		22a I certify that (1) (this hospital) attended the deceased from 12-30 1967, to 12-10, 1968, it saw the deceased alive on 12-9 1968, and that in (my) (aur) apinian death accurred an the date and his	that (I) (we) last
	A P P P P P P P P P P P P P P P P P P P		saw the deceased alive on 12-9-1968, and that in (my) (aur) apinian death accurred an the date and hi	aur and fram the
	ON THE		causes stated above, (i) (we) (did) (did not) view the body after death.	
	OR ATTEND be retoined DIRECTOR: A Je 3 should led with the		22b. SIGNOURE ATTENDING MED STAFF 22c DATE SIGNE	
	OR The True of the Property of		When the land DEGREE PHYS DIRECTOR PHYS 12-10	-68
	AL AL Poor		22d PAYSICIAN'S NIME (Type)	
	TO HOSPITAL Poge 4 mby IO FUNERAL I director, pog should be fill		I we muster my	
	HOU DO	230	O BURIAL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County)	(Stote)
	5 5 5 g 2	1	Burnel 12/13/68 winters Camelery new windson Car	well mix.
	VR A15 (0) 30M REV 1768	24	EUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 25b. REG STRAR SIGNATURE	1
	30M REV 1168	1	X. 2. Mylos Jr., Westminder, Mil DEC 13 1968 Icharles So	edge



المستد		tems 14 & 15 MARYLAND STATE DEPARTMENT OF HEALTH SINGLOS DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	4 44 -
FOR STATE		ilm GLIO8 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 /3/69 kk	17379
HEALTH DEPT.	1 0		Day Year 2b. HOUR
	(First Middle Last 2a. DATE KNOWN Month OF ESTI- Type or Print) Furley HIRLEY LYLE DEATH MATED X	19 M
delay is	3 5	TA STATE OF BIRTH O AGE (1) years 1 onch 124 12 2C DATE PRONOUNCED DEAD	Year 24 Hours
ny delay 2, and 3 P P P P P P P P P P P P P P P P P P P		male white Oct. 29, 1915 53 VRS December 23,	Year 19 68 р.м
		BIRTHPLACE (Stote or foreign 76 CIT.ZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
8 5 5		UNIO USA MINORED DIVORCED GATTOLI	Md.
ve Poges		Westminster give carroll Co. Gen. Hosp. during most of working life, even if retired)	26 KIND OF BUSINESS OR NDESTRY Social securit
at the state of th	130	USJAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d HISIOE GIY LIMITS? 13e STREET AND NUMBER	
178 o 180 ce o 12 w 12 w		Mary Pand 13b Countrarroll Randallstown S No X 9211 Turnber	
hin 24 hours after nrd in Item 18. Granner's Office olon poges lond 2 with hours offer death		FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle ROST	
24 in in arris		John utkanoch Clarence Lyle Ivy Clover ut was deceased ever in u.s. armed forces? 166 Social security no. 17. Informant address	lstyblyth
thin min poo			,21133
should be executed with a word "pending" in performing to the Chief Medical Examburial fransit mermit. File in any event within 72		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))	APPROXIMATE INTERVAL
mit.		PART I. DEATH WAS CAUSED BY Multiple Injuries [MMEDIATE CAUSE (a)] Multiple Injuries	BETWEEN ONSET AND DEATH
exec mdir Mec nt v		DUE TO, OR AS A CONSEQUENCE OF	
be pe		Canditians, if any, which gave) rise to immediate cause (a), (b)	
vord re Cl al-tr		storing the underlying rouse DUE TO, OR AS A CONSEQUENCE OF	
sho sho the value of the value		lost. (c)	
ICAL EXAMINER: This certificate should be executed within 24 hours after death a secure the certificate, writing the word "pending" in pent 1 in Item 18. Give Pogi for, Poge 4 should be forwarded to the Chief Medical Examiner's Office along with ed for your files. CTOR: Page 3 should be used as a burial-transit mermit. File pages 1 and 2 with the Staburial, cremation, or removal, and in any event within 72 hours ofter death.	N	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
verif veri	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
This cate, as to be	ERTIFI	21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Itel	AE2 K NO
<u>+</u>	3	PRIMARY IXI OR CONTRIBUTING TO HOUR A M	
INER: shoul files. 3 shou	MEDICAL	CAUSE OF DEATH UNK PM. UNK 19 Driver of car - went out of cor 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or fown	County Out of ota
AM e the thour our rem		WHILE NOT WHILE AT WORK Street street	Carroll, Md.
bical Examiner: se execute the certi ector. Page 4 should ned for your files. tECTOR: Page 3 shou buriol, cremation,		220 certify that I took charge of the remains described above, held on AutapsyX Inspection Inquiry	
Fed for burn burn		deoth resulted from: Noturo causes , Accident X, Suicide , Hamicide Undetermined manner	, ,
please direct direct DIREC		CHIEF MEDICAL EXAMINER	
AL Prior		ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE S	
necessary, please execute the funeral director. Poge 4 5 may be retained for your for FUNERAL DIRECTOR: Page Health prior to burial, crem		EXAMINER'S NAME (Type) Werner KU Spits, M.D. DEPUTY MEDICAL EXAMINER	2/24/68
5 g = 2 5 x	23a	BURIAL CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town)	Caunty) (State)
	b	purial 112 27 1968 Lakeview Com Liberty Rd. Car	croll Co; Md.
VR ATSME IS		FLINERAL DIRECTOR ADDRESS ADDRESS 250 REC'D BY REGISTRAR 250 REGISTRAR'S SI Pring Rivers 8728 Liberty Rd: Randallstown, Md. DATDEC 3 0 1968 RECLAND	GNATUKE
10M REV 1/68		ring Byers, 8728 Liberty Rd; Randallstown, Md. DAT DEC 30 1968 fclient	
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0-		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		CERTIFICATE OF DEATH
2 2 3	i D	CEASED NAME First , Middle Lost 20, DATE OF DEATH 2b, HOUR
offer death		ype ar print) A / 1 / Doy Year 5 W
	<u> </u>	
	3. 51	
	1 /	emale White Fiel 12-1887 lost birthdoy) YRS, MONTHS DAYS HOURS MIN
24 haurs od in by ppers. Pr	79	IRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
h is sign	COL	WAR DE DIVORCE DE LA MARCHE DE
2 2 BEL	10	NO.
within (10 0	ITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospito) 12a USUAL OCCUPATION (Kind of work dane give street address) 10, 10, 10, 10, 10, 10, 10, 10, 10, 10,
The state of the s	17	Vanherler William 128 Mary and 18 Mary a
		USUAL RESIDENCE (Where deceased lived, if institution: Residence last CITY OR TOWN 13d INSIDE CTYC-MITS? 13e. STREET AND NUMBER
cample cample nove car y event,	odm	ssion) STATE 13b. COUNTY all Westminter YES ANO 129 Renny are
you can	1	
ATTENDING PHYSICIAN: The law requires that the death certificate be executed with stained by the hospital or attending physician. CTOR: After this certificate has been signed by the attending physician and campletely should be detached for use as the burial-transit permit. Then please remove carbonith the State Dept of Health priar to burial, crematian, or remaval, and in any event, with	14.	ATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost
be a see		Charles Borners MA 9916 1 Pance
e death certificate b attending physician permit. Then please an, or remaval, and i		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT WIND I Crabber 25 Address Washington Rd
ysi je	I '	es, no, or unknown) (If yes give wor or dates of service
ph ph	 	APPROXIMATE INTERVAL
ng ma		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART 1. DEATH WAS CAUSED BY
ne death attendi permit.		MM EDATE CAUSE (0) Continuora cular action allower.
atte em		4129 DUE TO, OR AS A CONSEQUENCE OF
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at . The same		rise ta immediate couse (a).
trojet de la constant	ı	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF
OR ATTENDING PHYSICIAN: The law requires that the retained by the hospital or attending physician. DIRECTOR: After this certificate has been signed by the get 3 should be detached for use as the burial-transitied with the State Dept of Health priar ta burial, crema		1051 (c) arlenorchembre 1 Part 1 retire 1 1 6.
Phy pigning		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
re in in	_	4,
law re lending s been as the oriar ta	CERTIFICATION	190, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200, AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
The I atter has has he in pri	15	CAUSES OF DEATHS
AN: The cate ha cate ha use Health i	E	
ar are		210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.)
3号 基書	180	(If either, notify medical examiner) P.M.
YSICIAN: 1 ospital or certificate thed for us	MED	21d. INCLURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM STREET FACTORY) 21f. LOCATION Street or R.F.D. No. (ity or Town County Stote
he he hat this detact	1	While Not while of work
R ATTENDING PHYSIC retained by the hospit ECTOR: After this certification is should be detached with the State Dept of		
DING J by t After After I be c	1	
P E E E E	1	saw the deceased alive an 12 20 1962, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obave (17 (we) (dw) (did not) view the body ofter death.
E i i i i i i i i i i i i i i i i i i i		
		226 SIGNATURE ATTENDING TO MED STAFF 22c. DATE SIGNED
or be 3		WINTEGOR DEGREE PHYS W DIRECTOR - PHYS - 12426/68
		22d PHYSICIAN'S 1/1 / E 1 / () 22e. ADDRESS 2.5 N. Main St.
O HOSPITAL OR ATTEN Page 4 may be retained O FUNERAL DIRECTOR: director, page 3 should should be filed with the		NAME (Type) W. HTGALL MD MANCLESTER, Md 21162
Dest Property	230	BLR ALCREMATION, 23b DATE . , 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
± Brigg √	200	AMOVA (Specify) 12 /20/10 KOIDERS GENERALLY INFORMATION INFORMATIO
5 5 5 2	1	SUNTHE 1-12/168 1/KIDENS CONFERY WESTIMOTER CONTUCTION
VR A15 (4)	24.	FUNERAL DIRECTOR 250 REC'D BY REGISTRAR 250 REGISTRAR 3 HEADTHE
30M REV 1/68		1 / / / / / / / / / / / / / / / / DATE DE O O 1000 / Corastas fings



1	1	MAKYLAND STATE DEPARIMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201											
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	17370				CERTIFICATE OF DEATH						17381		
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funeral and er death			MILLI		н.	1	MAY, SI		120		٥ "	1 5 Cer	
urs after death upy the funeral Pages 1 and 3	3 SE			4 RACE	T.TL - 2 - L		S. DATE OF BIR		400).	6. AGE (In year lost birthday	ars M	FUNDER LYEAR ONTHS DAYS	IF UNDER 24 HRS.
Pogge	1_	Male			White		Sept.				YRS.		
S. P.	caur	IRTHPLACE (Stot try) Mary	e or foreign		WHAT COUNTRY?		NEVER MARK		9. COUNTY				
78 8 8					S.A. I NAME OF HOSPITAL O	WIDOWED		CED 🗍		arroll	1		Md.
within 2 within ban par	1	ny or town of Westmi	nster	94	iye street address)	Co. Ger	.Hospi	during m	Bin	ON (Kind of work ing life, even if ret Operato	dane lired.)	126. KIND OF 8 INDUSTRY Quari	
ecuted w completel ove carby y event, v	13a.	USJAL RESIDENC	f (Where decease	ed lived, if inst	itution. Residence bef	ore 113c CITY O	R TOWN I	13d. INSIDE CITY I	LMITS? 13e	STREET AND NUM	BER		-
complex y evi	Collin	ssion) STATE Mar	<u>yland</u>	ISB. COUNT	Y Carroll		Vindsor		○ 🔀	Route	1		
emo exe	14 E	ATHER'S NAME	First	Middle			S. MOTHER'S MA			Mic	ddle		Last
i be	L		John	W.	Ų			G	race			Bohn	
The law requires that the death certificate be executed with attending physician. The basen signed by the attending physician and completely se as the burial-transit permit. Then please remove carban h priarta burial, cremation, ar remaval, and in any event, with the second of the	160. Y	WAS DECEASED BEING OF UNKNOW	EVER IN U.S ARI	MED_FORCES? var or dates of service)	16b SOCIAL SECUR		INFORMANT	7.4	D		dress		11.45
phy phy sen ava	H				215-20-		ars. Me	elina	a R.	May	Sam	e As j	F 3 .
he death cer e attending p permit The	Ш	18. CAUSE OF PART I. DE	DEATH (Enfor or EATH WAS CAUSE	ly ane couse pe D-RY	er line for (o), (b), and	(c))	1 Sent	E .: 1				BETWEEN ON	SET AND DEATH
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y th rinsil		rise to immed	iate cause (o),	(b)	OR AS A CONSEQUENCE								
trician		lost.	derlying cause	(1)	OK AS A CONSEQUENCE	OI .							
equires that the physician. signed by the burial-transit burial, cremati		PART 2 OTHER	SIGNIFICANT CO	NDITIONS CONTR	RIBUTING TO DEATH BU	T NOT RELATED	O THE TERMINAL	DISEASE OR	CONDITION G	VEN IN PART 1(a)			
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The ratto	RT.FIC						YES 🔲	NO E]	JSES OF DEATH?			
AN: The law real and are attending licate has been far use as the Health priar ta			WAS UNDERLYING		E OF INJURY .M. Month Day Y		IOW INJURY OCC	URRED (Ente	er nature of i	injury in Port 1 ar	Part 2, Ite	m 18)	
of the first of the control of the c	MEDICAL	(If either, notify	IG CAUSE OF DEA y medicol exomi	ner) P.	м.	19							
TENDING PHYSICIAN: ned by the hospital ar RR: After this certificate vuld be detached far u the State Dept. of Heal		21d INJURY 00 While Not	CCURRED 21e	PLACE OF INJUI	RY (AT HOME FARM STREE OFFICE BUILDING, ETC	1 FACTORY.) 21f.	OCATION Street	t ar R.F.D. No) !	City or Town		County	Stote
r the det		While Not at a	wark (1) (Al	- 11N	- M 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		12.1-1	et 10 /	. 	12/24	10.7	5 4h nà	10 7 \ 1 1
Affe Aby Sto		saw th	r y mat (1) (m e deceased o	ilive on	12/3	1968 o	nd that in (m)	v) (our) an	ے, اس <u>ے</u> , اس	th occurred on	the dote	and hour o	ind from the
agie.		couses	stated abov	e, (I) (we) (d	attended the deco	he body after	death.	,, (,				, , , , , , , ,	
with with		mm! CLOSES WILD									22c. DA	TE SIGNED	
be be	1	DOL BUSINESS	hu	s. (4a	representation	DE(REE PHYS. 22e. ADDI		MED DIRECTOR [STAFF PHYS		-130/	28
RAL RAL be f		22d. PHYSICIAN NAME (Typ	DE) 10,	HN S	5. HAR	SHEYN	1.D 22e. AUUI	g ann	cha	st. w	este	- ita	- 24
TO HOSPITAL OR ATTENDING PHYSICIAN: 1 Page 4 may be retained by the hospital ar 10 FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached for us shauld be filed with the State Dept. of Healt	230	BURIAL, CREMA	TION 1 22h	DATE	S- HAR	OF CEMETERY O	REMATORY			ATION (City or Tow	(n)	(County)	(Store)
Page 10 Fluidire sha	250.	REMOVAL (Speci		2/1969			ville		3	rsvill			1 /
VI AND LAV	24.	FUNERAL DIRECT	OR		ADDI			2So REC'D	BY REGISTRAL	R 25b. REGI	ISTRAR S SI	GNATURE	
300 From 1-08.	C	·M. Wa	ltz,Bo	x 241	,Sykesvi	lle, M	d.	DATE JA	N Z	1969 8	May	les Jus	7







- 1	n San Sant		NO STATE DEPARTM				
	17376	DIVISION OF VITAL RECORD	CERTIFICATE OF		E, MAKTLAND ZIZUT	1738	4
ŀ	1 DECEASED-NAME FI	rst M.ddie	Lost		DATE OF DEATH		2b. HOURP
	(Type or print) Paul	Herman	Miller		IMenth 2	11 68°	6:00 M
Ì	3. SEX	4. RACE	S. DATE OF BIR	TH	6. AGE (In years	IF UNDER YEAR	IF UNDER 24 HRS
l	Male	White	3/16	/95	last birthday) 73 YR	MIGNITHS DAYS.	HOURS MIN
1	7a BIRTHPLACE (State or fareign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED [NEVER MARK	(IED	UNTY OF DEATH		
ŀ	THATATERIO	U.S.A.		CEO 🗍	Carroll	Tan an	Md.
l	O CITY OR TOWN OF DEATH Sykesville	give-street address pringile	INSTITUTION (If not in haspitol ld State Hosp.	during most of	UPATION (Kind of work done working life, even if retired LCC: WORKET—C	126 KIND OF E INDUSTRY POWN CO	ork &
	13a, USUAL RESIDENCE (Where dec odmission) STATE	sacad hulad. If inct survey Dacidance bake	112- CITY OR TOUR	YES TO NO	13e. STREET AND NUMBER		Seal
ŀ	odmission) STATE Haryland 14. FATHER'S NAME First	Jab County Balt. City	Balt_City		303 Whitmid	ge Avenue	3
I		M.ddle tost X William Miller	is. Mother s ma			na a la TC -	Last
ŀ	160, WAS DECEASED EVER IN L.S.	RMED FORCES? 16b SOCIAL SECURI	TY NO 17. INFORMANT		ADOXINX Marga		Same
	Yes, no, or unknown) (II yes gi	212-09-8	/LI .	tal Recor	ds)Mrs.Beat	rice B	Miller
Ī	18 CAUSE OF DEATH (Enter	only one touse per one for (a) (b) and					NATE INTERVAL
1	PART I DEATH WAS CAL	SED BY. D'ATE CAUSE (a)	I tare	ano		2	Cara
١	7017	DUE TO, OR AS A CONSEQUENCE	OF .				7
-	Conditions, if any, which go rise to immediate cause (c). (D)			-		
	stating the underlying cause	DUE TO, OR AS A CONSEQUENCE	DF				
	- 227 T A -	ONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL	DISEASE OR CONDIT	ION GIVEN IN PART 1(o)		
1	C.R.S. Age	ciated with cereb			• •	reaction	le
,	190 DATE OF OPERATION 1	b. Cond t on for which operation was	PERFORMED 20a AUTOF		20b IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CE	RTIFYING
				JRRED (Enter natur	e of injury in Port 1 or Part :	2, Item 18.)	
	OR CONTRIBUTING CAUSE OF A	miner) P.M.	19				
	While my Not whee my	Te. PLACE OF INJURY (AT HOME FARM, STREET OFFICE BUILDING ETC	FACTORY.) 21f. LOCATION Street	or R.F.D. Na	City or Tawn	County	Stote
	of work at work	والمراف المالية المنافعة المنا	1/31	1965	ta 12/24	19 <u>68</u> , that	Mr. Louis Villand
	saw the deceased	this haspital) attended the dece alive on 12/21; we M (we) (did) (did not) view th	_1968, and that in (20)	(aur) apinion	death occurred on the	dote and haur	ond from the
		ve (we) (did) (did pot) view th	e body ofter deoth.				
	22b SIGNATURE	astall_	DEGREE PHYS	G MED MED DIRECTO	STAFF A	DATE SIGNED 12/24/6	8
	22d. PHYSICIAN'S NAME (Type) /SA	K, E. HAPNER /	22e. ADDR	Springfie	eld State Hos	p. Sykest	rille,MI
-		DATE 23c. NAME	OF CEMETERY OR CREMATORY		LOCATION (City or Town)	(Caunty)	(State)
	Burial 12	/27/68 Loud	on Park		Baltimore		Md.
	24 FUNERAL DIRECTOR H.W. Jenkins	ADDR	York Rd.	250. RECD BY REG	1968 250 POSTRAI	Calcingue A	L



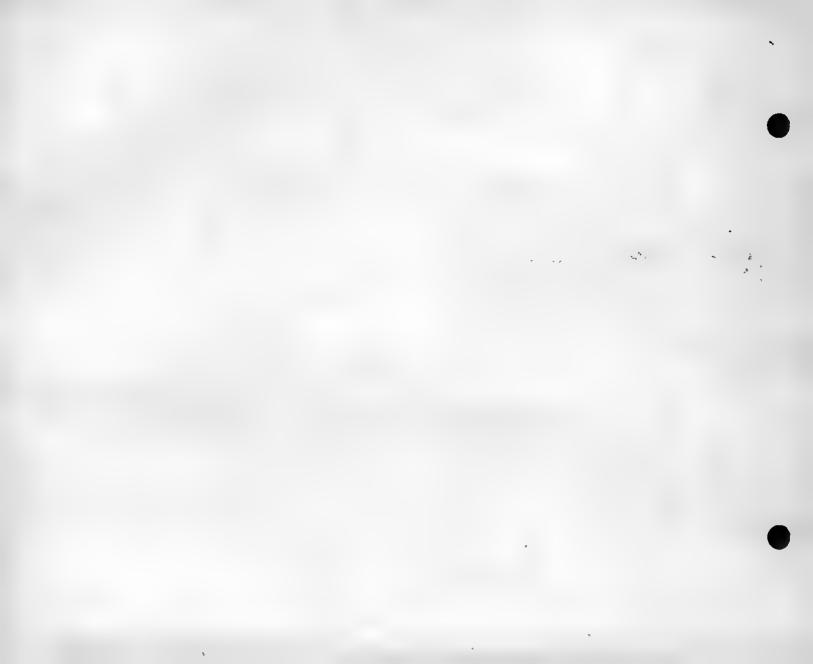
	D.	MARTLAND STATE DEPARTMENT OF REALTH
1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		17374 CERTIFICATE OF DEATH 17385
death.		YPE OF PINT PINT PINT DEC MONTH OF DEATH 20 DATE OF DEATH YEAR PINT DEC MONTH 29 Day 5 YEAR 10 20 MONTH 29 DAY 10 20 MONTH 20 MONTH 29 DAY 10 20 MONTH 20 MONT
hours after death	3 SE	
by Pours	70 E	SIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? B MARRIED NEVER MARRIED 9. COUNTY OF DEATH
7 7 2 2		MI G. J. T. WIDOWED DIVORCED CAN TOLL MA
in the second	10.0	TTY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done give street address) 12b KIND OF BUSINESS OR INDUSTRY I
complete		SSIAL RESIDENCE (Where deceased lived, if institut on Residence before 13c/CITY OR TOWN 136 INSIDE CITY LIMITS? 136 STREET AND NUMBER STATE 13h. COUNTY OA) ROLL SYNCESVILLE NODE
be exe	14 1	ATHER'S NAME First Middle Last Is MOTHER'S MAIDEN NAME First Middle Lost HENRY MOHLHENRICH AMELIA WERNER
itticate hysicior n pleos vol, and	i oa. Y	WAS DECEASED EVER IN S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT HOSPIZAL Address Address ACTION ADD TO THE ORD TO THE OR
ne death cerl ottending p permit The		IB. CAUSE OF DEATH (Enter on y one cause per line for (o), (b), and (c)) PART I DEATH WAS CAUSED BY
dea thenc rmit 7, or		IMMEDIATE (AUSE (a)
the of th		Conditions, if ony, which gove) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove)
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res sicio sicio ted l al, c		lost, (c)
phy phy sign buri		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE OR CONDITION GIVEN IN PART 1(6)
ding ding ding seen the the or to	NO.	Central Constitution Has constituted according to a mixture of the constitution of the
4: The low requires the or attending physician, the hos been signed by ruse as the burial-traits of the prior to burial, cre	CERTIFICATION	196 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
IAN: tal or ficote for u		21c ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of Injury in Part 1 or Part 2, Item 1B) OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Manith Day Year
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fill director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon is should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event.	MEDICAL	(If either, notify medical examiner) P.M 19 21d. INJURY OCCURRED While Not while at wark at wark at wark at wark
by the offer this be detected.		22a certify that (1) (this haspital) attended the deceased from 12/11, 1967, to 12/29, 1967, that (1) (we) lost
TEND inned DR: Al		saw the deceased alive an 12/25 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (diffrat) view the body after death.
OR ATTEND be retained DIRECTOR: A pe 3 should ed with the 3		226 SIGNATORE 226 SIGNATORE ATTENDING DIRECTOR STAFF 22c. DATE SIGNED 12/27/68
O HOSPITAL (Poge 4 may b O FUNERAL DI director, poge should be file		22d PHYSICIAN'S NAME (Type) JOHN S CHARSINEY 22e. ADDRESS Tarelow At Westmann, me
O HOSPITAL Poge 4 may O FUNERAL director, pog should be fi	230	BURIA, CREMATION, 236 DATE 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
5	1	BUNATION 12-31-68 J. WE LI-1-5 JONS WASH. U.C.
VR A15 (4) 30/A REV 1/68	24.	ADDRESS ADDRESS PROPERTY OF THE PROPERTY SIGNATURE DATE AN 3 1969 Clearly Surface
	1 100	EXPLOY VILLE IN THE TOTAL OF TH



los	1	MARYLAND STATE DEPARTMENT OF HEALTH A PARTYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE		ACTION EVAMINEDIS CEDITICATE OF DEATH
HEALTH DEPT.		ECEASED NAME First Middle Lost 20 DATE KNOWN Month Day Year 25 HOUR
of e to	(Type or Print) JIMMV CARSON MOORE DEATH MATED 12-24- 168 5:30
PASA E	3 5	EX 4 RACE S DATE OF BIRTH & AGE IN YOUR 1 TEAR IF JNDER 24 HRS 2c DATE PRONOUNCED DEAD 20 HOUR
A STATE		10/e (colored/11-21-46 22 YRS) 12 Day 24 1801 968 12 M
De por	7o caur	BIRTHPLACE (Store or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH
te te		MIDOWED DIVORCED C. C. T. T. M.
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s ofter de 18. Gree e along y that deoth	130	US.A. RESIDENCE (Where deceased lived, if institut on Residence before 13c GTY OR TOWN 13d. ASDECTIVE LIMITS? 13e STREET AND NUMBER drn ssion) STATE AA 136 COUNTY
nn 18 ice o d2 v d2 v		1110.
within 24 hours a pencil in Item 18. caminer's Office all to pages I and 2 w	14.	ATTERS NAME ATTOWNS TOWNS
hin 24 nati in niner's pages hours		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS
t with n pein Exami File p	(,	(18 no, or unknown) (18 yes give wor or dores of service) Juliette Moore Same
ted 1 in all E		18 CAUSE OF DEATH (Enter any ane cause per line far (a), (b) and (c)) PART I DEATH WAS CAUSED BY.
be executed "pending" inet Med cal ansit permit event within		IMMEDIATE CAUSE (a) Such Called Control Contro
e er pen ef M ef M		Conditions, if any, which gave) DUE TO, OR AS A CONSEQUENCE OF SCHOOL IN THE CONTROL OF SCHOOL
ord blue bard of the chiral bard		ase to immediate cause (a). Stating the underlying cause (DUE 10, OR AS A CONSEQUENCE OF
should be executed write the word pending in perion the Chief Medical Examburial-transit permit File I in any event within 72		lost (c)
INER: This certificate should be executed within 24 hours after death e certificate, writing the ward "pending" in pencil in Item 18. Give Pagshauld be farwarded to the Chief Med cal Examiner's Office along with files. 3 should be used as a burial-transit permit File pages land 2 with the Standion, or remayal, and in any event within 72 hours after death		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
certifi arwan	CERTIFICATION	190. DATE OF OPERATION 195. CONDITION FOR WHICH OPERATION 20. AUTOPSY?
This cate, se far	I E	WAS PERFORMED?
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MINER: The cert the cert triles. In files. mation	MEDICA.	CAUSE OF DEATH 21d NJURY OCCURRED 21a, PLACE OF INJURY (At home, form, street), 21t LOCATION Street of D No. City or Town County State
XAI ogge- cre		AT WORK IN AT WORK IN HOSPITAL GROUNDS HORNING Red Hanyton Carrall Med
CAL Erecture Por Por Por Por CTOR: For Pornel,		22a. 1 certify that taak charge of the remains described above, held on Autopsy 🔲, Inspection 🔀, Inquiry 🔲, and in my apinion
director director director or ta bu		death resulted fram. Natural causes . Accident . Suicide . Hamicide . Undefermined manner .
JTY DIC. iry, please e eral director be retained RAL DIRECT pr.or ta bu		ACTUAL A LIP SO
EPUTY Issary, funeral ay be in INERAL Ith pri.		SIGNATURE ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
TO DEPUTY SICAL EN necessary, please exect the funeral director Po S may be retained far TO FUNERAL DIRECTOR: Health prior to burial,	L	NAME (Type)
5 g = 2 5 ±	230	BURIAL, CREMATION, 236 DATE 234 NAME OF CEMETERY OR CREMATORY (23d LOPANON (C by or Town) (County) (State)
0.0	24	FUNERAL/DIRECTOR / ADDRESS IZSO REC D BY REGISTRAR IZSD REGISTRAR SIGNATURE
VR A15ME (5)	6	Then glored Chillen 17270 Meurol DEC 30 1968. Charles Cusas
1000 NEW 1700		A The state of the



	1	MARTLAND STATE DEPARTMENT OF HEALTH	
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	17387
		CERTIFICATE OF DEATH	1,000
1	1 DI	ECEASED NAME First Middle Lost 20. DATE OF DEATH	2b HOUR
ı	-{1	(Ype or print) NORA VIVAINA MUMAW Month Do	Y 1968 8 7 M
ı	3. 58		IF UNDER YEAR DE UNDER 24 HRS.
ľ		last birthday)	MONTHS DAYS MOURS MIN
	7o 1	Female White 11-2-93 73 YRS. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
1	C0U1	MARKIED METER MARKIED	
	1D /	TITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done	Ad. 12b KIND OF BUSINESS OR
		alive street advence) of a series of the self of discourse market market a series of the series of	INDIRTOV
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	odm	USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d MISIDE CITY LIMITS? 13e STREET AND NUMBER ISSION) STATE MAIZY ARMS. COUNTY MONTGOMERY Kensingtones No 3513 RAWN	1 5 TO 6 This
	-		CK KCK HELLDUNG ION
	14 1		Lost
	16-	LEMUE RYMAN SARAH WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT Address	25/6/
	y Y	(es, exforunknown) ((i) yes give wer or dates of service) 3-78-46 4525 SPRIACFIELD STATE HOSE	a Cained to Treat
F	-		APPROXIMATE INTERVA.
		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY	BETWEEN ONSET AND DEATH
		IMMEDIATE CAUSE (a) BEONED BY	
		TOOK DUE TO, OR AS A CONSEQUENCE OF	
		Conditions, if any, which gave) rise to immediate couse (a), (b)	
		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
		lost. (c)	
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
	NO	[77/X	
	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS (CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
ı	RTE	AR NO M	
1	CAL CI	21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2,	Item 18)
l	MED,C	(If either, natify medical examiner) P.M. 19	
ı	2	21d. INJURY OCCURRED 21e. PEACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town	Caunty State
		or work or work)	
		220 certify that (1) (this haspital) attended the deceased fram 1/-27, 19 68, 10 12-25, 19	<u>68</u> , that (!) (we) last
		saw the deceased alive on 13-12-19-19-19 and that in (my) (our) opinion death occurred on the decouses stated above, (I) (wit) (did) (did not) view the body after death.	are ond nour and from the
		22b. SIGNATURE 22c.	DATE SIGNED
		Jose DEGREE PHYS DIRECTOR DIRECTOR PHYS W	12-25-68
		22d. PHYSICIANS 22e. ADDRESS	1 . 1
		PHYSICIANS NAME (Type) Jose Chappele Springfield State Hosp	ital
	230.	BURIA (CANATON 23b DATE 23c. NAME OF CEMETERY OR (REMATORY 23d. LOCAT ON (Cuty or Town) .	ce George
I		RIMINA (Specify) 12-27-68 Gedar Hill Sultiand Fri	ce georgenu.
ĺ	217	CUMPAIDECTOR PLIMPLIEY ADDRESS 250 RECID BY REGISTRAR 250 DECOSTRAR	SAIGNANIRE
		7557-Wisconsin Ave., Bethesda, Md. MAN 2 1969 Com	





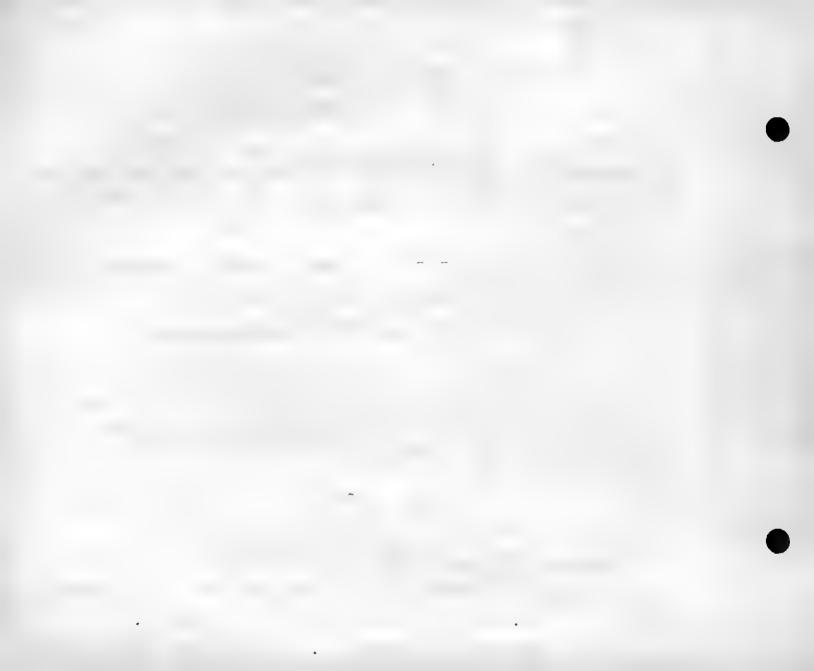


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FOR STATE	It	em#1. FilmGh09 1/3MEDICAL EXAMINER'S CERTIFICATE OF DEATHIT	-m#14, F11+9409 1/31/69	km
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3 ta 3 ta Page	- V()	ELBERT CON MENTILLE	DEATH MATED 12-6- 168	M
delay is and 3 ta A3. Page tment of	3 SE	Look both St. A. D. Martine Color Legisland At the	Month / 7 Doy 6 Year /2	M HOUR
		Male Multe 0-12-26 42 AK2	12 1968	PM
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0 8 8 9 1	00	mission) STATE Maryland /36 COUNTY Howard Simpsonville YES \(\) NO \(\)	10-	
havrs Item 12 Office I and 2		ATHER'S NAME First Coypy // Midde / RIE LOGITZOLS MOTHER'S MAIDEN NAME First	Middle Lost	
		Elbert Coy/ Reitzel Sr. Myrtl	e Plitt	
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should be executed to word "pending" is a the Chief Medical burial-transit permit.		stating the underlying cause DUE TO, OK AS A CONSEQUENCE OF		
IER: This certificate should be executed within certificate, writing the ward "pending" in pencil auid be farwarded to the Chief Medical Examines. Should be used as a burial-transit permit. File pagion, ar remayal, and in any event within 72 hou		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION	GIVEN IN PART 1(a)	
ficating ing ded os c		Schizophrenic reaction, chronic undifferentiated type	2002 1 000 1,000 1,000	
is certific te, writin farward e used or remaval,	ATIO	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?	
this certifiate, writine farwari	CERTIFICATION	WAS PERFORMED?	AE2 🔀	NO 🗀
組 中 	II CE	210 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Doy, Yeor PRIMARY OR CONTRIBUTING HOUR AM		
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the the slaur file 3 ge 3	2	factory office hulding etc.)	CtyorTown County Sykesville Carroll	State M.J.
AL EXAMINER: execute the cert r. Page 4 shault of tar your files. IOR: Page 3 shaural, crematian.				
SICAL ISSE exected of the second of the seco		220. I certify that I taak charge of the remains described above, held on Autopsy XI. Inspedent resulted from. Natural causes XI. Accident XI. Suicide II. Homicide II.	ection [], Inquiry [], and in my	op mon
ase sector secto		CHIEF MED CAL EXAMINER	Underermined morner	
y, plerral diges		ACTUAL 11 PT 100	INFE 22b DATE SIGNED	
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TO DEPUTY DICAL EXAM necessary, please execute the funeral directar. Page 4 5 may be retained far your TO FUNERAL DIRECTOR: Page Health prior to burial, crem		NAME (Type) W. Glenn Speicher Strate Single Strate	eson estructer	hid
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and	,	Type or print) ČL	INTON	JOHN	ROCHE	SR.	DECEMBER 19	1 368	8:15 M
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Do nou	70	BIRTHPLACE (State or foreign	75. CITIZEN OF WHAT C	OUNTRY? 8 MARR	ED 🔀 NEVER MARR	RIED 9.	COUNTY OF DEATH		
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executed within 24 hours of completely filled in by move carbon papers. Poons ony event, within 72 hours		CITY OR TOWN OF DEATH	11 NAME C	F HOSPITAL OR INSTITUTION	(If not in haspital	124 USUAL	CCUPATION Kind of work done	ng 126 KIND OF B	JSINESS OR
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om om	Cult	ission all land	Bastimore	City Bal	timore	YES NO	2606 Evergr	een Ave.	
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that the death certifice be executed within 24 hours after death ion. by the ottending physkian and completely filled in by the ureral transit permit. Then please Temove carbon papers. Pages 1 and 2 cremation, or removal, and in any event, within 72 hours after death.		1B. CAUSE OF DEATH (Enter PART I, DEATH WAS CAI		r (a), (b), and (c).)	7			BETWEEN ONS	ET ANO CEATH
end mit.		IMM	DIATE CAUSE (o)	art Ta	eluro			days	alle
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ding ding the	8	19g. DATE OF OPERATION 11	9b. CONDITION FOR WHICH C	DEPATION WAS DEDECOMED	20g AUTOP	XV2	20b IF YES, WERE FINDINGS	CONSIDERED IN THE	TIEVING
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te h		21a ACCIDENT WAS UNDER	YING 215 TIME OF INJ	JRY 21	6.35		ature of injury in Part 1 or Port 2	2. Item 18.)	
YSICIAN: ospital or certificate hed for unit. of Health	MFDICAL	OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MI	anth Day Year			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,	
G PHYSICIAN: the hospital or r this certificate detoched for u	MED	(If e'ther, natify medical executed 13 of the control of the contr	TO PLACE OF INITIRY LATE	OME, EARM, STREET, EACTORY, 1 21	LOCATION Street	or R.F.D. Na	City or Tawn	County	State
PH ne h this eto Dep		While Nat while	₹ OFFIC	E BUILDING, ETC				,	
TENDING nined by th DR: After the ould be de		220. I certify that (I) sow the deceased	(this hospital) attende	ed the deceased from	4-25-66	, 19		9, that (I) (we) lost
NO Ped F		sow the deceosed	ol ve on 12-1	9-68 19	and that in (my	r) (our) opinio	on deoth occurred on the o	dote and hour o	nd from the
Train Broth		22b. SIGNATURE	we, (J) (we) (did) (did	not) view the body of	er deoin.		122	DATE SIGNED	
OR ATTENC be retained DIRECTOR: A je 3 should ed with the		220. SIGNATURE	11112 0 1	Juan and	EGREE PHYS	G MED.	CTOR D STAFF E 1	2-19-68	
y be ode		22d PHYSICIAN'S	carro VI 15	<u> 1099 19.0</u>	22e ADDR		ngfield State	Hospital	
RAI PETA		NAME (Type) Oct	avio A. Ruiz	, M. D.	120		sville. Maryla		
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires Page 4 may be retained by the hospital or attending physici TO FUNERAL DIRECTOR: After this certificate has been signed director, page 3 should be detached for use as the buriol should be filed with the State Dept. of Health prior to buriol.	230	BURIAL, CREMATION, 2	B DATE	23c NAME OF CEMETERY	OR CREMATORY		23d LOCATION (City or Town)	(County)	(State)
Pog of said			12/23/68	Balto. Na			Baltimore,	1 11	, ,
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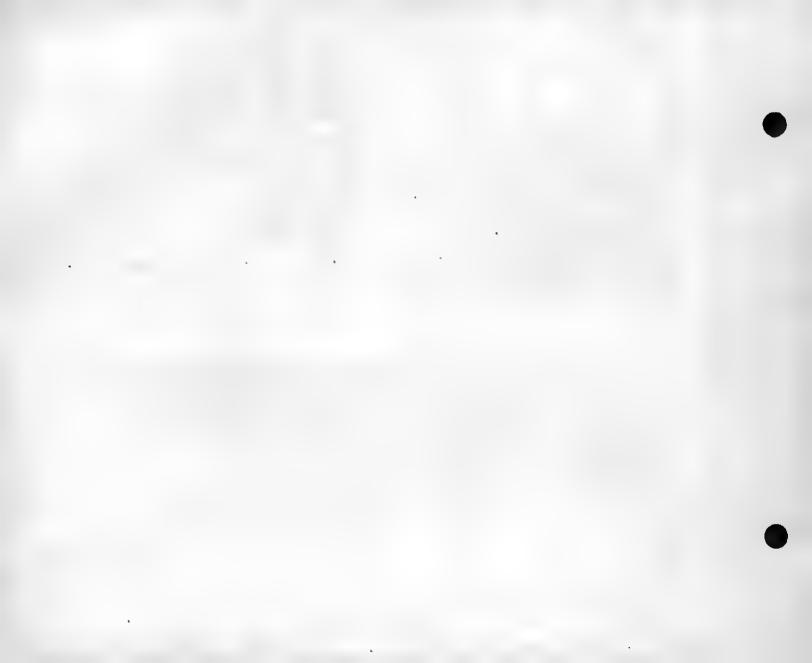








1 170	DIVISION	OF VITAL RECORDS, 301	W. PRESTON STREET, BA	LTIMORE, MARYLAND 2	1739	อ์
1. DECEASED-NAME (Type or print) 3. SEX Femal 70 BIRTHPLACE (S	First Margaret	Middle Jane	lost Sisson	20. DATE OF DEATH	Doy Year	2b. HOUR 907 M
3. SEX Fema	Le 4. RACE	White	s. Date of BIRTH May 2, 1884	6 AGE (In last by the		F JNDER 24 HRS. HOURS MIN.
To BIRTHPLACE (S	inia	USA WID	RRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH (arroll		Md.
10 CHY OR TOWN	nster	<u> </u>	N (If not in hospital 120. U General during	SJAL OCCUPATION (Kind of wi most of working life, even if OUSCULLE	retired) INDUSTRY	JSINESS OR
130 USUAL RESIDI odm ssion) STATI	ENCE (Where deceased lived, if in: E // 13b COUN	stitution: Residence before 13c of UK	ITY OR TOWN 13d INSIDE CI		umber ever Road	
14 FATHER'S NAM	NE First Mide	Cooper	15. MOTHER'S MAIDEN NAM	ria	Middle Shachelf	lost
160. WAS DECEAS Yes no, or unki	ED EVER IN U.S. ARMED FORCES? (If yes give war ar dates of service)	16b SOCIAL SECURITY NO 213-10-0588	B Mr. Frazier		Address Ipperco, Md.	
PART I. Conditions Inse to Imm	if ony, which gove) (b).	OR AS A CONSEQUENCE OF OR AS A CONSEQUENCE OF HYPERTEMS OR AS A CONSEQUENCE OF		CHAGE		
	HER SIGNIFICANT CONDITIONS CONT OPERATION 196. CONDITION FOI	RIBUTING TO DEATH BUT NOT RELI	D 20a. AUTOPSY?		FINDINGS CONSIDERED IN CER	TIFYING
G OR CONTRIB	OUTING CAUSE OF DEATH HOUR A OUTING CHARGE EXOMINER)	P.M 19	21c HOW INJURY OCCURRED (E		or Port 2, Item 18.)	Stote
22o. I cer	ot work rtify that (!) (this hospital) the deceased alive an — ses stated abave, (!) (we) (s	attended the deceased from	m /2/4 , 19 C, and that in (my) (aur) of ter death.	apinian death accurred a	5, 1968, that on the date and haur a	I) (we) last nd fram the
23d. PHYSIC NAME (23o. BUR AL, CREI BMGMAYON	(Түрө)	23c NAME OF CEMETE	22e ADDRESS RY OR CREMATORY	DIRECTOR LJ PHYS L	An I	(State)
24. FUNERAL DIR	1	ADDRESS			Md. egistrar's signature gclianles Jus	ege.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17396 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAMI First 2a. DATE KNOWN Manth (Type or Print) ESTI Poge DEATH MATED 3 SEX DATE PRONOUNCED DEAD AGE on voors 8-18-17 ema le White YRS 7a BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH (OUNTRY) Maryland WIDOWED Seroworced Carroll U.S.A. Give Poges 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired) ppringfield State Hospital INDUSTRY Shrkesville 130 LSUAL RESIDENCE (Where deceased l/ved, if institution. Residence before 13c. CITY OR TOWN 138. INSIDE CITY LIMITS? 13e STREET AND NUMBER ASSINGTON YES 😿 NO 🗌 High St. Maryland Hagerstown the certificate, writing the word "pending" in pencil in Item 1 4 should be forwarded to the Chief Medical Examiner's Office ofter 14. FATHER'S NAME First IS. MOTHER'S MAIDEN NAME Leonard Stevens Nettie Dennis hours 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes, no, or unknown) Records. Springfield State Hospital F Unk. event within 72 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH be executed 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) Acute pulmonary embolism Minutes DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise ta immediate cause (a), This certificate should DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause ≘ PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBLING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) remayol 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES Y NO -70 210. EXTERNAL CAUSE WAS 21b TIME OF INJURY Manth, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 at Port 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. cremation, CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (At hame, form, street, 21f LOCATION Street at R.F.D. No. City of Tawn County State factory, office building, etc.) WHILE NOT WHILE AT WORK 220. I certify that I taok charge of the remains described above, held an Autapsy |X|. Inspection Inquiry and in my opinion Natural causes X death resulted fram. Suicide . Homicide Accident Undetermined manner ASSISTANT MEDICAL EXAMINER 225. DATE SIGNED SIGNATURE may Glenn Speiche NAME (Type) W. the 23a BURIAL, CREMATION 23c NAME OF CEMETERY OR CREMATORY 行物企业企业的任 Dec. 12,68 St. Paul Spring Clear Wash 2So REC D BY REG STRAR Thompson Funeral Home Clear Spring. Md. NF

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17397 CERTIFICATE OF DEATH DECEASED NAME Middle 20. DATE OF DEATH First 2b. HOUR requires that the death certificate Tax executed within 24 hours after death. (Type or print) completely filled in by the funeral lave carban papers. Pages 1 and Year 3. SEX 4 RACE DATE OF BIRTH FUNDER LYEAR 6 AGE (In years lost birthday) 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED 215A. WIDOWED X DIVORCED 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired) 130 USUAL RESIDENCE (Where deceased lived, if unstitution: Residence before 13c CITY OR TOWN 33e STREET AND NUMBER 14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle Middle Lost Lost on diffe eose 166 SOCIAL SECURITY NO 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, no, or unknown? State Dept. of Health prior to burial, cremation, ar removal, APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a)-(b), and $\langle \epsilon \rangle$) PART I. DEATH WAS CAUSED BY. BETWEEN ONSET AND DEAT IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if only, which gove to rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) TO FUNERAL DIRECTOR: After this certificate has been the 19n DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [21a. ACCIDENT WAS UNDERLYING 215. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) ONTRIBLTIME CAUSE OF DEATH HOUR A.M. Month Dov (AT HOME, FARM, STREET, FACTORY.) 21f, LOCATION Street or R F.D. No. OFFICE BUILDING, ETC. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town Stote County While Not while of work 22a. I certify that (I) (this haspital) attended the deceased from March Z., 19 00, ta December 9, 1968, that (I) (we) last saw the deceased alive an Incomplete the same that in (my) (our) apinian death accurred an the date and haur and from the be retained director, page 3 shauld should be filed with the causes stated above, (1) (see) (did) (did-not) view the body after death. 22b SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. DEGREE DIRECTOR 22d. PHYSICIAN S NAME (Type) 22e. ADDRESS 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, 23b. DATE 23d LOCATION (City or Town) (County) (Stote) BULLISPECIFY) Dec. 11.1968 Hampstead Cemetery Hampstead Carroll Co. Md 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4)

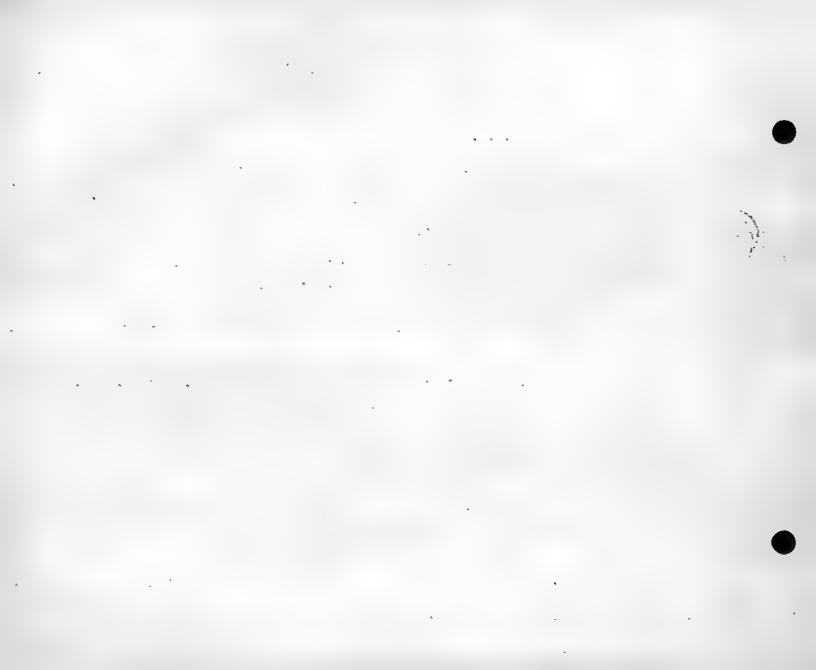
Tipton - Eline Funeral Home Hampstead, Md.



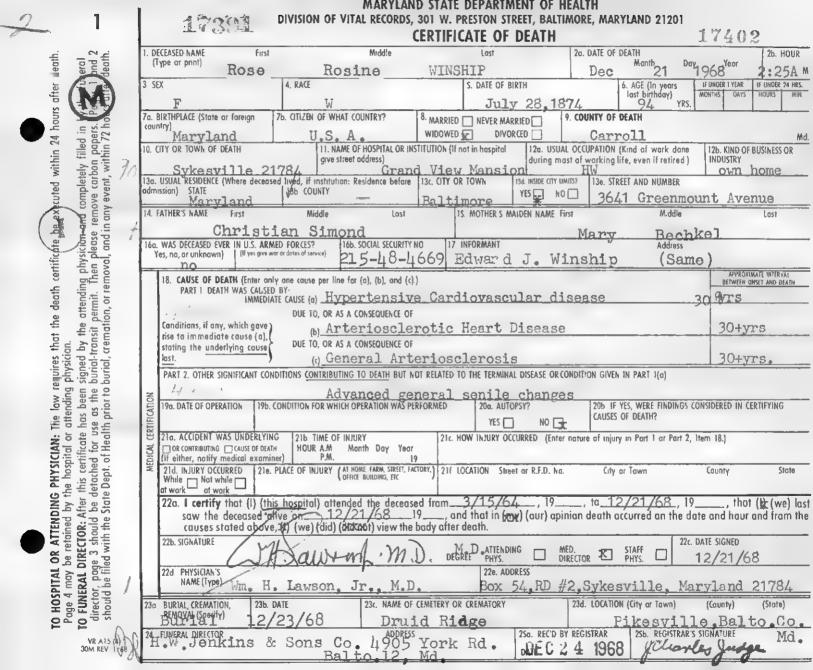


MARYLAND STATE DEPARTMENT OF HEALTH

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10. CITY OR TOWN OF DEATH Syke sville 11. NAME OF HOSPITAL OR INSTITUTION (if not in hospital) Syke sville 12. USUAL OCCUPATION (Kind of work done during mast of working title, even if retired.) 13. USUAL RESDENCE (Where deceosed lived, if institution Residence before address) 13. USUAL RESDENCE (Where deceosed lived, if institution Residence before addression) 14. FATHER'S NAME 15. CITY OR TOWN 15. MOTHER'S MAIDEN NAME 16. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) 16. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) 17. NAME OF DEATH 18. CAUSE OF DEATH (Enter only one couse per ine for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY 18. CAUSE OF DEATH (Enter only one couse per ine for (a), (b), and (c)) 18. CAUSE OF DEATH (Enter only one couse per ine for (a), (b), and (c)) 18. CAUSE OF DEATH (Enter only one couse per ine for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY 18. CAUSE OF DEATH (Enter only one couse per ine for (a), (b), and (c)) 18. CAUSE OF DEATH (Enter only one couse per ine for (a), (b), and (c)) 18. CAUSE OF DEATH (Enter only one couse per ine for (a), (b), and (c)) 18. CAUSE OF DEATH (Enter only one couse per ine for (a), (b), and (c)) 18. CAUSE OF DEATH (Enter only one couse per ine for (a), (b), and (c)) 18. CAUSE OF DEATH (Enter only one couse per ine for (a), (b), and (c)) 18. CAUSE OF DEATH (Enter only one couse per ine for (a), (b), and (c)) 18. CAUSE OF DEATH (Enter only one couse per ine for (a), (b), and (c)) 18. CAUSE OF DEATH (Enter only one couse per ine for (a), (b), and (c)) 18. CAUSE OF DEATH (Enter only one couse per ine for (a), (b), and (c)) 18. CAUSE OF DEATH (Enter only one couse per ine for (a), (b), and (c)) 18. CAUSE OF DEATH (Enter only	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH	17403
70. BIRTHPIACE (Sole or foreign country) Pennasylvania USA USA WIDOWARD Never MARRIED 9 COUNTY OF TRANS WIDOWARD Carroll Made country Pennasylvania USA WIDOWARD WIDOWARD Various Married Various Married			968eor 11:203
Country Porms y I varial USA WIDOMPDE DIVORCED Carroll MADE Country	3.	Female White 5-12-91; lost buthday) MC	
Systesville Saytesville Springfield State Hospital	ca	Pennsylvania USA WIDOWED DIVORCED Carroll	Md
In the content of the course		Sykesville Springfield State Hospital Housewife even if retired.)	
Joseph Vanbuskirk Unknown Anna ?????	130 add	a USUAL RESIDENCE (Where deceased lived, if institution Residence before list CITY OR TOWN mission) STATEMaryland 13b COUNTY Balt. City Baltimore YES NO 3 25 Birkwood	Place
Very No. Conditions, Clive give word addres of world) 207-01-238B Springfield State Hospital Sizes Signal Register Springfield State Hospital Sizes Signal Register Conditions, Condi	L	Joseph V anbuskirk Unknown Anna	
B. CAUSE OF DEATH (CHEF ONly one Couse per 1-ne for (c), (b), and (c)	16	Yes, no, or unknown) (If yes give wor or defect of service) 207-01-6398D Spring field State Hospital Size	
nse to mined ale couse (a). DUE TO, OR AS A CONSEQUENCE OF (a) PART ? OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. DISEASE OR CONDITION GIVEN IN PART 1(a) Chromic brain Syndromy asjoc. With senile brain disease with psychotic reaction 190 DATE OF OPERAT ON 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? YES NO CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH PURPOSE AND STREET, FACIORY.) 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 190 DATE OF OPERAT ON 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? YES NO CAUSES OF DEATH? YES NO CAUSES OF DEATH? 190 DATE OF OPERAT ON 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20c AUTOPSY? YES NO CAUSES OF DEATH? YES NO CAUSES OF THE TOTAL OF THE TERMINA. DISEASE OR COUNTY OF THE TERMIN		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	BETWEEN DISET AND DEATH
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County C		Syndrome assoc. With somile brain disease With psychotic reaction 196 DATE OF OPERAT ON 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206 IF YES, WERE FINDINGS CONSTITUTED YES NO CAUSES OF DEATH?	SIDERED IN CERTIFYING
While Not while at wark of wark of the deceased from 9-5-1968, to 12-22-1968, that (I) (we) los saw the deceased alive an 1922, and that in (my) (aur) apinian death accurred on the date and haur and from the causes stated abave, (I) (we) (did) (did not) view the bady after death. 22b Signature 22c Physician's Name (Type) Renato N. Espina, M. D. 23d BURAL, CREMATION, 23b DATE (23c NAME OF CREMETERY, OR CREMATORY) 23d BURAL, CREMATION, 23b DATE (23c NAME OF CREMETERY, OR CREMATORY) 23d SURAL, CREMATION, 23b DATE (23c NAME OF CREMETERY, OR CREMATORY) 23d SURAL, CREMATION, 23b DATE (23c NAME OF CREMETERY, OR CREMATORY) 23d SURAL, CREMATION, 23b DATE (23c NAME OF CREMETERY, OR CREMATORY) 25d SIGNATURE (County) (Stote)			m 18.)
22a. I certify that (I) (this haspital) attended the deceased from	AM.		County State
22d PHYSICIAN'S NAME (Type) Renato N. Espina, M. D. 23d BURAL (REMATION, 23b DATE (23c MAM) OF CEMETERY, OR CREMATORY (23d JOCATION (Cdy or Town) (County) (Stote)		22a. I certify that (I) (this haspital) attended the deceased from 9-5-1, 19-68, to 12-22-19-69 saw the deceased alive an 19-22-19-69, and that in (my) (aur) apinian death accurred on the date causes stated above, (I) (we) (did) (did not) view the bady after death.	
NAME(Type) Renato N. Espina, M. D. 3ykgsville, Md. 230 BUR AL, CREMATION, 230 DATE 102 232 MAME OF CEMETERY, OR CREMATORY 234 .OCATION (Crty.or Town) (County) (Stote)		22d PHYSICIANS 22d PHYSICIANS 22e ADDRESS Springileld State Hos	122/1/28
	23	NAME (Type) Renato N. Espina, M. D. Sykgsville, Md. BUR AL, CREMATION, 23b DATE 22c plants OF CRMETERY, OR CREMATORY 23g . OCATION (City or Town)	(Caunty) (State)



1 1000	1	MAKILAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		73 7 77 77 77 8	7404
HEALTH DEPT.	1.0		Day Year 2b. HOURP
	(Type or Print) 44 6 73 c 1 C 7 T 1 C 7	8-68 19 11:20
ay i 3 t Pag Into	3. 5	EX 4 RACE S DATE OF BIRTH 6. AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS 2c DATE PRONOLINGED DEAD	2d. HOUR
2, and 3 ta PM3. Page		Female White 4-28-85 83 YES MONTHS ONYS HOURS MIN Month 12-18 Dog 8	Year 19 11:20
	-	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	10 / //
- E - S	COUL	Towa U.S.A. WIDOWED DIVORCED Carroll County,	Md.
ath age ith f	10.	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work dane 1	2b. KIND OF BUSINESS OR
after death. 8. Give Pages alang with far with the State leath.		Sykesville Springfield State Hospital None	NDUSTRY
s after 18. Girls along 2/2/2014	130.	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
rrs ce o		dmission) STATE Maryland 13b. COUNTY Montgomery Rockville YES NO 701 Monroe Stre	eet
24 hours or in Item 18. rr's Office of set 1 and 2 wins offer dec	14. 8	ATTHEK'S NAME PIEST MIDDLE MAME FIEST MIDDLE MAME FIEST MIDDLE	Lost
hin 24 noril in niner's pages haurs	160	Solomon E. Yearley Melissa Jane Samuels WAS DECEASED EVER IN U.S. ARMED FORCES? [16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
within 24 haurs after death. Respectif in Item 18. Give Pages 1, Examiner's Office along with farm File pages 1 and 2 with the State De		(6s, no, or unknown) (If yes give war or doles of sarvice) 215–148–3075 Records, Springfield State Hospi	tal
Exon Exon 72		18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)	E APPROXIMATE INTERVAL
executed and mediad E.		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart failure	Davs or Wks.
Meding Meding permit with		3959 DUE TO, OR AS A CONSEQUENCE OF	Days UI WAS .
"pe "pe hief ansit		Conditions, if any, which gave) Steppes of a ontio walve with left wentrious an	Years
uld ord ord e Ch il-tro		rise to immediate cause (a), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF hypertrophy	
s certificate shauld be execute, writing the ward "pending farwarded to the Chief Medigurand as a buriol-transit permemoval, and in any event with		lost 43// Pulmonary edema	Day
o to a bound		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CBS a	ssociated
certificate writing th urwarded to used as a to	NO	with cerebral arteriosclerosis, with psychotic reaction	
certi writt arwai used mova	E E	196. CONDITION 196. CONDITION OPERATION WAS PERFORMED?	20. AUTOPSY?
This icate, be fa	CERTIFICATION	21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item	YES NO
MINER: This the certificate, 4 should be four files. e 3 should be termination, ar ren		PRIMARY OR CONTRIBUTING HOUR A.M.	11 10.)
INER: shoul files. 3 shar	MEDICAL	CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town	County State
EXAMINER: tute the cert age 4 shaule yaur files. Page 3 shau , crematian,		WHILE AT WORK AT WORK AT WORK AT WORK	
tCAL EXAMINER: This certific execute the certificate, writin for. Page 4 shauld be farward for yaur files. CTOR: Page 3 shauld be used as burial, cremation, ar removal.		22a. I certify that I took charge of the remains described above, held an Autopsy 🔀, Inspection 🗍, Inquiry 📋,	, and in my apinian
bical Educate exect director. Posteriored for DIRECTOR: in to buried.		death resulted fram: Natural causes (2), Accident , Suicide , Hamicide Undetermined manner	
please I director retainer DIREC		1010-0 CHIEF MEDICAL EXAMINER	_
		SIGNATURE TENEN DELLE M.D. ASSISTANT MEDICAL EXAMINER 226. DATE SI	IGNED 68
DEPUTY seessary, p ee funeral may be re FUNERAL		EXAMINER'S DEPUTY MEDICAL EXAMINER	+10
	-	NAME (Type) W. Glenn Speicher, M.D. 4075 To Municipality Of Helia	Mes small
5 5 4 2 5 H	230	REMOVAL (Specify)	(County) Michael
^	24.		
VR A15ME (5)	1000	FUNERAL DIRECTOR 250. RECID BY REGISTRAR 250. REGISTRARS SI	
10M REV, 1/68 \ Y		, , , , , , , , , , , , , , , , , , , ,	

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11	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	bild II to ben
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	7405
HEALTH DEPT.	1. DECEASED NAME First Middle Lost 20. DATE KNOWN Month D	Doy Yeor 2b. HOUR
508 2	(Type or Print) JOHN LUTHER ZEPP DEATH MATED X 12 2	61968 4A.M
deloy	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years 1 F UNDER 1 YEAR 1 F UNDER 24 HRS 2c. DATE PRONOUNCED DEAD	2d. HOUR
o uo W	MALE WHITE JULY 1910 58 YRS. MONTHS DAYS HOURS MM. Month 12 Day 21	C Year 19 68 750 PM
2, 2, y	70. BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 4 9. COUNTY OF DEATH	
ones I, Torm Torm	CARROLL CO. WIDOWED DIVORCED CARROLL CO.	Me
# 85 19	10. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12	26. KIND OF BUSINESS OR
Te de se de	WESTMINSTER give street oddress) THAI ST. during most of working life, even if retired. IN	MBER YARD
The spirit	130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	1 A
hours often 18. Gi Office alon I ond 2 with	Odmission) STATE MD 13b. COUNTY CARROLL WESTMINSTEPIES AND 54 JOHN	\$7.
hour Item Office I ond?	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
	GEORGE W. ZEPP LAURA Z. BIST	
hin 24 ncil in niner's pages hours	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) (If yes give war or dates of service) (Yes, no, or unknown) (If yes give war or dates of service)	RO#6MD
te should be executed with the word "pending" in pe is to the Chief Medicol Examo buriol-transit permit. File and in any event within 72	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND OEATH
be executed "pending" in ief Medicol E nsit permit. F event within	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Coronary orclusion	Muldon
e execute pending" ef Medico ssit permit	4109 DUE TO, OR AS A CONSEQUENCE OF	
be 'pe ief ief nsit	Conditions, if any, which gave	
ony	rise to immediate couse (o), (stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
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ofe s of to ed to s o bu	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(4)	Las
fico ing rdec os os	14251	
ER: This certificate should certificate, writing the word ould be forwarded to the Ches. es. hould be used as a burial-training on removal.	196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item P.M. 19 21d. INJURY OCCURRED 12 is PLACE OF INJURY (All home form street) 21d. INJURY OCCURRED 12 is PLACE OF INJURY (All home form street) 21d. INJURY OCCURRED 12 is PLACE OF INJURY (All home form street) 21d. INJURY OCCURRED 12 is PLACE OF INJURY (All home form street) 21d. INJURY OCCURRED 12 is PLACE OF INJURY (All home form street) 21d. INJURY OCCURRED 12 is PLACE OF INJURY (All home form street) 21d. INJURY OCCURRED 12 is PLACE OF INJURY (All home form street) 21d. INJURY OCCURRED 12 is PLACE OF INJURY (All home form street)	20. AUTOPSY?
for	WAS PERFORMED?	YES NO
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33 at the interest of the inte	21d INJURY OCCURRED 21e. PLACE OF INJURY (AI home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town	County State
EXAMINER: cute the cert oge 4 should ryour files. Poge 3 should trem to company the company of t	WHILE AT WORK	
L E) Recul	220. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry ,	ond in my opinion
ICAL E tor. Po ed for CTOR: I burial,	death resulted from: Notural causes . Accident ., Suicide ., Homicide ., Undetermined manner	7
please please retained L DIRECT ION TO BE COLOR TO BE	CHIEF MEDICAL EXAMINER	
y, ple erol di be rett AL Di prior	ACTUAL SIGNATURE MD. ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNATURE	GNED /
EPUTY SSGTY, p funeral oy be re INERAL	EXAMINER'S DEPUTY MEDICAL EXAMINER	27/18
nocessary, please execute the funerol director. Poge 4 5 moy be retained for your to FUNERAL DIRECTOR: Poge Health prior to burial, crem	NAME (Type) Julius Chepko ADDRESS(Street, city, town, or county)	
To De Fu	230 BURIAD CREMATION, 23b. DATE , 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) (C	County) (Stote)
	BURIAL 12/28/68 WESTMINSTER CEMETRY WESTMINST	FR MD
	24. FUNERAL DIRECTOR ADDRESS 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIG	
VR A15ME (5) 10M REV. 1/68	J- E. miero, D. westminster md. DATE DEC 30 1968 John	as Judge

MARYLAND STATE DEPARTMENT OF HEALTH

17405 THE PERSON NAMED IN COLUMN TWO IS NOT And the second of the second o MARK ANNUAL DESARTED TO VISITE SET MEDICALISME Ly Margy For the De William The Mary The LENEZ IV TRAFF CHINES I CENTRE CHARDS STELLING THE FACE A SANSA WHAT I THE THE WEST WITH STEEL COMMENT HE TO WITE IT AND appel 20 miles 10 1, 230 - Auto Appellation of March